

European Observatory on Homelessness

# Staffing Homelessness Services in Europe

# 10

**EOH Comparative Studies  
on Homelessness**

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# 1. Foreword – 1 December 2020

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In the future, the year 2020 will always have a given place in the History Books. It was the year in which each country's resources, its crisis organisations and, not least, the responsibility of each individual was put to the test. Not in modern times have we experienced a pandemic with such an impact as the current Covid-19 pandemic. 2020 was also the year in which normal forms of inter-action and standards were eliminated. What was previously perceived as a matter of course was now surrounded by bans and restrictions. Politicians had to make difficult and unpopular decisions based on an invisible enemy, at the same time they were unaware of its strength or presumed consistency. A completely new conceptual device was created in the form of "Teams, Zoom, Skype" m.m. Digitization of work, teaching and the sometimes endless stream of meetings now became a fact where the entry of the cyber world into the social order came to be of crucial importance.

People in socially critical nursing services have continued their daily work with great commitment and sometimes self-sacrificing efforts. This is despite the fact that at the start of the pandemic there were shortcomings in both management – governance and information and directives as well as protective equipment. The social contacts we have had with colleagues, friends, loved ones have been dramatically minimized. We do not yet know about the long-term effects of this enforced social isolation. There is reason to believe that people – and especially those who are already socially excluded – feel and will feel very bad about society's total shutdown. An already difficult situation is in danger of becoming even more difficult.

It is therefore clear that society's most vulnerable people who are already in homelessness, poverty, mental illness or addiction are paying the very highest price for this exceptional situation. How can you isolate yourself and keep a physical distance when you have no housing and are forced to beg for survival.

The comparative report of 15 Member States shows to some extent how differently we take care of, and what responsibility one feels, for the 700 000 homeless people in the EU. The report shows rapid emergency measures such as reserving shelters, hotels and the like for those without a home. There are also some bright hopeful descriptions of how Housing First has increased in some countries as a result of the pandemic. I wonder how the image and notion of a homeless person is expressed when authorities in different countries' languages are urging the popula-

tion to stay at home. I also wish there had been opportunities to measure in figures and statistics the additional suffering and anguished existence that this must involve for a person who lacks a home.

Therefore, I would like to use a quote “It is better to light a candle than curse the darkness” to point out the importance that there are housing-led strategies in Europe, which make it possible to scale up housing first programs for long-term and safe solutions to people in homelessness.

Many thanks, mainly to researchers and experts and also others who have contributed to the completion of this comparative report on the situation for people in homeless situations during this strange and difficult times.

**Kjell Larsson**  
President of Feantsa

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# 1. Summary

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## 1.1 About the research

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This research was designed to explore staffing practices in services for homeless people across Europe. The study is part of a series of comparative research reports, also exploring the range and extent of homelessness service provision and the regulation and quality of homelessness services across Europe. Staffing practices include how many staff work in services of different types, staff to service user ratios, staff qualifications, whether staffing levels are sufficient and the challenges that homelessness services can face as employers. The research focuses on the following types of services:

1. Services with low intensity support offering temporary/emergency accommodation for roofless persons (e.g. emergency shelters).
2. Higher intensity support services for homeless people with complex needs offering temporary accommodation (e.g. homeless hostels and supported housing) with on-site staffing.
3. Mobile support services using ordinary housing (e.g. housing-led/first services).

A standardised questionnaire was distributed to a group of experts living and working in 15 European countries. The 15 countries selected represent the major differences that can exist in housing systems and markets, welfare regimes and economic prosperity across Europe. The following countries were included:

- Belgium
- Croatia
- Czech Republic
- Denmark
- Finland
- Germany
- Greece
- Hungary
- Italy

- Netherlands
- Poland
- Portugal
- Slovenia
- Spain
- United Kingdom

For each country, the respondents were asked to provide the following information:

- An overview of staffing issues in the homelessness sector
- Specific issues in emergency shelter provision (based on example services)
- Specific issues in supported housing (again based on example services)
- Specific issues in mobile, i.e. housing-led/first services (using example services)
- The impacts, as at July 2020, of COVID 19 on staffing and delivery of homelessness services

## **1.2 Staffing practices and issues across Europe**

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Homelessness services can be operating in a situation where there is the opportunity to build and develop a career in the sector and in which staff are expected to have professional, indeed advanced, qualifications. However, the experience of working in the homelessness sector can be highly variable across Europe, with prospects for career development and relative job security being very limited.

Qualifications varied between service types and between countries. In some countries, social work qualifications, while not universal, were the norm in many homelessness services, sometimes because of service design, which tended to be focused on homeless people with high and complex needs, as in Denmark or Germany, or because homelessness services are an integral part of state supported social services, as in Slovenia. The UK was unusual in its emphasis on experience as a criterion for career advancement.

Practices in the delivery of support were also variable. A 'Housing First' ethos was evident across homelessness services, in the sense of focusing on maximising the speed and extent to which homeless people (and those at risk of homelessness) were housed in ordinary homes, in Denmark and Finland. Elsewhere, an emphasis on 'housing ready' or linear residential service models was evident, focusing on

ensuring treatment needs and, sometimes, issues around addiction, were addressed before housing was offered, as for example in Poland and Slovenia. Some countries, such as the Czech Republic, were described as having a diversity of approaches, while others, such as Italy and Portugal, were in a process of transition in which Housing First models were starting to become more prominent.

Issues around staff stress and burnout were widely reported. In countries where there was a national focus on homelessness that was matched with a significant commitment of resources, such as Denmark and Finland, issues around staff stress were less widely reported. By contrast, in services and in countries in which the level of resources was low and/or in which funding was unstable, burnout and stress, stemming from a stressful working environment combined with low wages and job insecurity was more widespread, including Croatia, Greece and the UK. In Portugal, a national focus on homelessness has not been matched by a significant commitment of resources, mirroring the situations reported in Croatia and Greece.

### **1.3 Shelters and emergency accommodation**

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Emergency accommodation and shelters were more likely to be described as places where staff faced multiple challenges and insecurity. There were comparatively well-resourced exceptions, but resources were often both limited and unstable while the level of need, in terms of numbers of people seeking emergency accommodation and the complexity of need that each person presented with, were increasing. Challenges could exist in recruiting and retaining staff in this sector. Qualifications and training were also more variable in this sector.

### **1.4 Supported housing**

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The line between what constitutes a shelter or emergency accommodation and what constitutes supported housing varies across Europe, but supported housing tended to differ in having a set number of places that were allocated on referral, rather than, as for emergency shelters, being faced with surges in demand that meant taking in more people than the service was designed to cope with. Funding also tended to be more stable, if not always sufficient. This meant that the experience of working in these services, while there were still issues around burnout and stress, appeared to be more positive than was the case for shelters and emergency accommodation. Staff qualifications, formality of management structures and supervision arrangements also tended to be more developed in these services.

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## **1.5 Mobile, housing-led and Housing First services**

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These services were more consistent in design and operation than was the case for other forms of homelessness service. Other research suggests that staffing arrangements, qualifications and management approaches are linked to existing guidance and manuals, including fidelity protocols in relation to Housing First services, which meant there were relatively formal arrangements around what staff did and how they were supervised. Not all services were consistent in their arrangements and, where funding levels and continuity were issues, problems with burnout and stress could still exist.

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## **1.6 The effects of COVID 19**

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The immediate impacts of COVID 19 varied across countries and service type. One response in countries where there was more extensive use of emergency shelters as a mainstay of homelessness service provision was to shift operation from overnight only to 24 hours, giving homeless people somewhere to be during the day. Other measures, within communal services where residents were in 'shared-air' spaces for sleeping, included reduction of the number of residents and, in some instances, closure of the services. Some countries had reacted to COVID 19 by deciding to use a mix of hotels and temporary accommodation to put an effective stop to rough sleeping, but there could be questions around what would happen when these often temporary arrangements broke down. Longer term impacts are hard to judge while the epidemic continues, but alongside wider trends away from fixed site, shared, congregate and communal homelessness services towards housing-led and Housing First models, the long-term viability of shared-air services is now open to question. For people working in the homelessness sector, COVID 19 could often mean greater stress and pressure in their jobs in terms of the immediate effects, but longer term, it might mean the nature of jobs available within the homelessness sector is subject to significant change.

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## **1.7 Shared challenges and opportunities**

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The experience of working in the homelessness sector is often one of living with precariousness, low wages and high levels of stress that stem from working with people who can have high and complex needs with only limited resources at one's disposal. In services where funding was more secure and more generous, which also tended to have a fixed ratio of places relative to staffing, the stresses of working in homelessness were less pronounced. If someone was working in a poorly and insecurely resourced shelter or emergency accommodation, dealing with issues

like not having the trained staff and other resources needed for people with complex needs, or facing sudden surges in demand, could be more likely to lead to stress, burnout and difficulties in recruitment. There is a need for better access to training and professional development in some areas of the homelessness sector in Europe, which needs to reflect the wider trends – that may be accelerated by COVID 19 – away from congregate and communal services and towards housing-led and Housing First service models. People working in the homelessness sector play a vital role, often underappreciated as well as underfunded, as the sector transitions to new ways of supporting homeless people, the need for support for existing and new staff to train and retrain to find new roles and engage with best practice has never been greater.

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## 2. Introduction

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### 2.1 Overview of the research

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This research was designed to explore staffing practices in services for homeless people across Europe. The study is part of a series of comparative research reports, also exploring the range and extent of homelessness service provision<sup>1</sup> and the regulation and quality of homelessness services across Europe<sup>2</sup>. Staffing practices include how many staff work in services of different types, staff to service user ratios, staff qualifications, whether staffing levels are sufficient and the challenges that homelessness services can face as employers. The focus here is on services that directly provide accommodation, ranging from emergency shelter and congregate supported housing with on-site staffing, through to the provision of ordinary, self-contained housing arranged by housing-led and Housing First services using a mobile support model.

It is recognised that many services, including preventative services, daycentres, food distribution services and outreach services play an important role in helping reduce homelessness and the impacts of homelessness. These services have not been included in this analysis for two main reasons. First, the nature and extent of services is highly variable, so for example a few countries have extensive preventative services while others have little or no homelessness prevention in place. Second, some services, such as food distribution, can be entirely or largely reliant on volunteering, which means they do not have ‘staff’ in the sense of paid personnel who are employed, but operate on an informal basis<sup>3</sup>. This study focuses on the following kinds of homelessness service:

1. Services with low intensity support offering temporary/emergency accommodation for roofless persons (e.g. emergency shelters).
2. Higher intensity support services for homeless people with complex needs offering temporary accommodation (e.g. homeless hostels and supported housing) with on-site staffing.

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<sup>1</sup> Pleace, N., Baptista, I., Benjaminsen, L. and Busch-Geertsema, V. (2018) *Homelessness Services in Europe* (Brussels: FEANTSA).

<sup>2</sup> Pleace, N., Baptista, I., Benjaminsen, L. and Busch-Geertsema, V. (2019) *The Regulation and Quality of Homelessness Services* (Brussels: FEANTSA).

<sup>3</sup> Pleace, N. *et al.* (2018) Op. cit.

### 3. Mobile support services using ordinary housing (e.g. housing-led/first services).

By focusing on these services, the research examines specific aspects of homelessness in Europe, i.e. these were services that were more likely to encounter lone adults with high and complex needs, people who may be *atypical* of the experience of homelessness in some areas of Europe. In some Nordic countries, such as Denmark and Finland, extensive social protection/welfare systems, universal and well-funded public health and, comparatively, extensive social housing provision appear linked to low levels of homelessness for purely socioeconomic reasons<sup>4</sup>. Within these countries, long-term and recurrent homelessness linked to high and complex support needs forms a significant element of homelessness. Elsewhere in Europe, homelessness generated by both poverty and social factors which particularly include domestic violence and abuse, which is *not* strongly associated with high and complex support needs is more common. These groups, including homeless lone parent families and individuals and households experiencing short-term or transitional homelessness may not have contact with these forms of homelessness service, or only short term contact, because their main need is housing, some self-exit, others may be helped by preventative and rapid rehousing systems, like those in Finland and the UK, rather than having recourse to the kinds of homelessness service covered in this report.

## 2.2 Methods

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A standardised questionnaire was distributed to a group of experts living and working in 15 European countries. The 15 countries selected represent the major differences that can exist in housing systems and markets, welfare regimes and economic prosperity across Europe. The following countries were included:

- Belgium
- Croatia
- Czech Republic
- Denmark
- Finland
- Germany
- Greece

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<sup>4</sup> 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.

- Hungary
- Italy
- Netherlands
- Poland
- Portugal
- Slovenia
- Spain
- United Kingdom

For each country, the respondents were asked to provide the following information:

- An overview of staffing issues in the homelessness sector
- Specific issues in emergency shelter provision (based on example services)
- Specific issues in supported housing (again based on example services)
- Specific issues in mobile, i.e. housing-led/first services (using example services)
- The impacts, as at July 2020, of COVID 19 on staffing and delivery of homelessness services

The use of a standardised questionnaire allows comparative research to be conducted rapidly and has the advantage of collecting data in a consistent way that can be easily compared, rather than trying to interpret variations across what can be very different methods of administrative and survey data collection employed in different countries. A good example of this is the inconsistency in the way that European countries define and count homelessness<sup>5</sup>, which can be partially overcome by using a standardised questionnaire that asks experts from a range of European countries to count or estimate numbers of homeless people in the same way, allowing for a more consistent comparison.

While one expert is responsible for the questionnaire for each country, they are encouraged to talk to other people with specialist knowledge. In the case of this piece of comparative research, respondents often talked to people working in different elements of the homelessness sector in their country, talking to people from NGOs, charities and faith-based agencies providing emergency accommodation, supported housing/hostels and housing-led/first services.

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<sup>5</sup> 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).

This research was not intended to map the staffing arrangements for all homelessness services operating in each country; it is instead designed as a broadly representative exercise, taking a (broadly) typical example of emergency accommodation, supported housing/hostels and housing-led/first services from each of the 15 countries as a basis, or asking larger homelessness service providers to describe typical staffing arrangements within these types of service. In essence, this research was a *qualitative* exercise, a lighter touch version of a research project that visited a range of similar homelessness services across 15 European countries and compared and contrasted their staffing arrangements using a standardised questionnaire. No claims are made for the study being representative of homelessness service provision across Europe, because it adopts a broadly qualitative approach, but there are some limitations here, because data were collected at one remove, rather than being the result of in-depth fieldwork visits to each of the types of service operating in each country. The research was systematic, in that it collects and compares data in a standardised way, but it does not have the depth that would have come from more detailed and extensive qualitative research.

A standardised questionnaire only allows for relatively small amounts, of relatively simple, data to be collected. Questions need to be clear, precise and simple, to ensure that there is as little risk of ambiguity and inconsistency in the responses as possible. The questionnaires are cross checked as they arrive and the research team ask for omissions, unclear and insufficient answers to be corrected before beginning the analysis. However, framing a very *specific* question, or exploring a particular aspect of staffing arrangements within homelessness services in detail, is inherently difficult when countries have different policies, practices and conventions around homelessness and there are also marked variations in social protection, social housing and public health systems to contend with. Each expert also only has a partial picture of what is happening, because the homelessness sector, while it varies considerably in size and nature across countries, is still always going to be too large for a single individual, even calling on the knowledge of others as they are encouraged to do, to fully grasp every detail and nuance of what is happening in homelessness services across an entire country.

Homelessness service provision is not consistent across Europe. The analysis conducted for the first report in this series found marked variations between the North West of Europe, where the extent and diversity of homelessness services was greater than was often the case in South, Central Europe and the East<sup>6</sup>.

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<sup>6</sup> Pleace, N. *et al.* (2018) Op. cit.

There is often not a clear distinction between emergency and temporary accommodation with the terms being used interchangeably in several European countries. There are also examples of services that offer both emergency beds or places and longer term, but still temporary, accommodation in the same building or on the same site. The pattern varies, but services offering relatively intensive services in purpose-built accommodation, such as temporary supported housing using a transitional model, i.e. designed to provide accommodation but to transition someone to independent housing, or a more formal, and intensive 'staircase' models, designed to progress someone with complex needs to independent housing, are more common in the North West of Europe. By contrast, more basic 'emergency' accommodation, including shelters with basic/minimal staffing tends to be more common in Southern, Central and Eastern Europe. However, there is no set pattern, with most countries having at least some examples of each kind of service and countries in one region of Europe, such as the South, having different patterns that change over time, for example Housing First has become increasingly prominent in Portugal and Italy in the last five years.

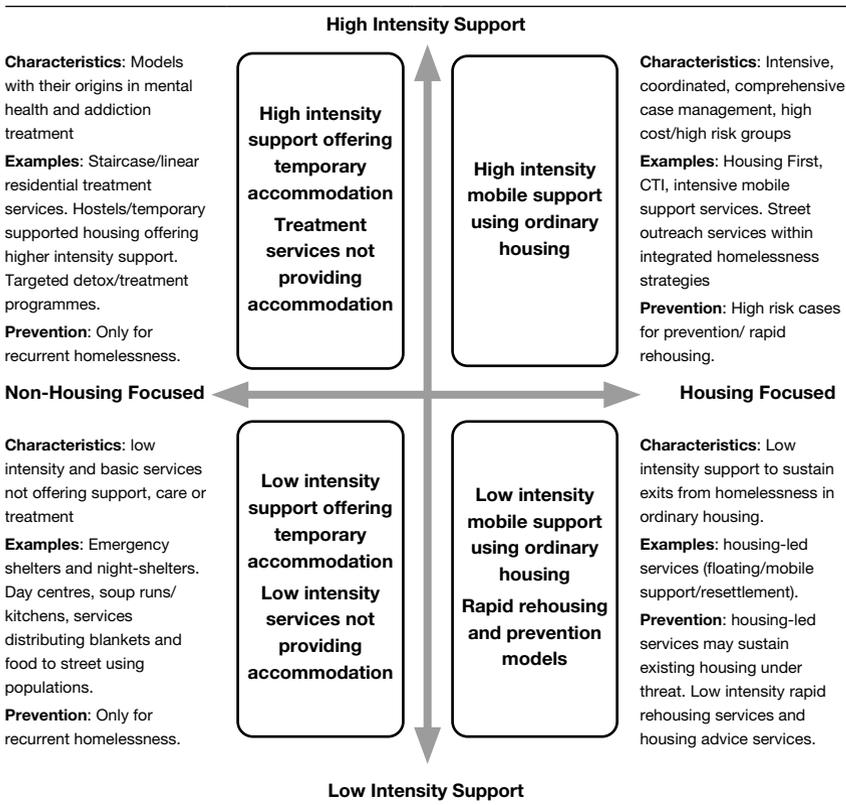
Looking at Europe as a whole, emergency accommodation is probably the modal form of provision, i.e. the type of service that is most common, while Housing First, while it is embedded in homelessness strategies in some countries and being widely developed across Europe, remains the least common at the time of writing<sup>7</sup>. For the research reported here, this means there were countries in which all the types of service in which staffing arrangements were being explored were either not widespread, or not present. Use of very basic emergency accommodation in the UK, for example is not widespread, whereas deployment of housing-led and, increasingly Housing First services, has become common in cities and larger towns. By contrast, much of Poland's provision of homelessness services is in the form of emergency shelters that offer basic services and Housing First, while under development, is not in use at the time of writing. Levels of Housing First, for example, vary across Europe, with more development and strategic integration in the North West, but not at uniform rates. France, for example, having a much more developed programme and level of service provision than Germany at the time of writing. Equally, while the provision of homelessness services trends towards emergency shelters in much of Southern Europe, Italy is another example of a country where Housing First services are comparatively well developed and widespread<sup>8</sup>.

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<sup>7</sup> Pleace, N., Baptista, I. and Knutagård, M. (2019a) *Housing First in Europe: An Overview of Implementation, Strategy and Fidelity* (Brussels: Housing First Hub Europe).

<sup>8</sup> Ibid.

Looking at the distribution of homeless service provision as it relates to staffing in another way (Figure 2.1), services offering high intensity support, that are either housing-focused or non-housing focused, will tend to require more qualified staff and, in turn, need to offer relatively higher wages, opportunities for career progression including training and greater job security in order to attract and retain those staff. Looking at homelessness service provision across Europe as a whole, these services are more likely to be present in the North West, although they are not confined to that area, and probably form the minority of homelessness service provision. By contrast, lower intensity homelessness services may often have less reliance on staff with professional qualifications and lower and more insecure budgets, which means a higher reliance on unqualified people, who are offered less chances for career development, lower wages and face higher levels of insecurity and of work-related stress, again because services of this sort are often less well funded. These services are more concentrated within the South, East and Central Europe, but again, they are not confined to those regions and, in contrast to more intensive forms of support, probably still form the bulk of homelessness service provision in Europe at the time of writing.

**Figure 2.1: Typology of European Homelessness Services<sup>9</sup>**

## 2.3 Key questions

The experience of working in the homelessness sector and in delivering homelessness services is highly variable across Europe. In the North West, commissioning of services by government, which might be local, regional or national or the direct provision of homelessness services by different levels of the State is widespread, budgets may not always be enough, but they are comparatively large and comparatively predictable in contrast to what the experience of the homelessness sector can be in other countries. Reliance on charitable donations, on volunteering and support in kind, with no, or only limited, funding coming from different levels of the State, is widespread, meaning that experience of running homelessness services on a limited, precarious and unpredictable budget is common across much of

<sup>9</sup> Source: Pleace, N. *et al.* (2018) *Op. cit.*

Europe. Even within countries where funding levels are generally relatively high, how much funding is available, on what basis, can vary by municipality/local authority and region and the type of service being provided<sup>10</sup>.

The experience of running and working in a homelessness service can present challenges because there are pressures around both the level and duration of resources. Career development might be limited, contracts can be short term or insecure, day to day pressures can be high and wages may be comparatively low. From a manager's perspective, securing staff with the right qualifications can be challenging, as a qualified person might look at the homelessness sector and think there is a lack of opportunity and job security, combined with high levels of stress. These factors might deter a qualified person from working in the field of homelessness or, if they do choose to work in homelessness, from remaining in the field for very long. In turn, building and maintaining quality in homelessness services, as was explored in the second report in this series<sup>11</sup>, becomes difficult if there are challenges in recruiting and retaining the right mix of staffing.

The European variation in staffing practices is important to explore. Homelessness services can be operating in a situation where there is the opportunity to build and develop a career in the sector and in which staff are expected to have professional, indeed advanced, qualifications. However, the experience of working in the homelessness sector can be highly variable across Europe, with prospects for career development and relative job security, being very limited.

## 2.4 The report

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The next chapter examines staffing practices and issues across the homelessness sector in the fifteen countries. Chapter 4 looks specifically at low intensity support offering temporary/emergency accommodation for roofless persons and Chapter 5 does the same for higher intensity support services for homeless people with complex needs offering temporary accommodation and on-site staffing. The sixth chapter looks at staffing in housing-led and Housing First services. Chapter 7 reflects the time and situation in which this research was written, summarising the reported challenges faced around staffing as COVID 19 spread across Europe. The report concludes with a discussion which forms the basis for Chapter 8.

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<sup>10</sup> Blood, I., Pleace, N., Alden, S. and Dulson, S. (2020) *A Traumatized System: Research into the Commissioning of Homelessness Services in the Last 10 Years* (Leicester: Riverside).

<sup>11</sup> Pleace, N. et al. (2019) Op.cit.

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## 3. Staffing practices and issues across Europe

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### 3.1 Introduction

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This chapter is based on a series of general questions in which the experts for each country were asked to describe policies, practices and issues in staffing across the homelessness sector as a whole. The chapter begins by looking at qualifications and training, moves on to look at working practices around delivering support, considers management practice in the homelessness sector and also looks at the role of volunteers. The chapter concludes by exploring challenges around staffing faced by the homelessness sector in the fifteen countries.

### 3.2 Qualifications and training

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In **Belgium**, staff working in homelessness services are usually trained social workers, but procedures around recruitment have changed over time, so some older staff may not always have a specific, formal qualification but will have completed formal education. Recruitment of people with lived experience of homelessness in Belgium was not described as widespread. Provision of training was common in Belgian services, but courses were described as usually being fairly short, such as three-day courses focusing, respectively, on preventing eviction by means of preventive housing support, housing support for the homeless, outreach for practical workers, provided in the Flemish region. Social workers are also encouraged to follow a three-day course on Housing First, coordinated with the Housing First Lab for Belgium. Provision of in-work training was described as common.

In **Croatia**<sup>12</sup>, a small study conducted on 2008 on emergency shelter services showed that most staff had completed secondary education but did not have formal professional qualifications. A minority of employees had completed higher education, including a small number with a social work qualification. Training provision was described as limited, with research finding that understanding of the

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<sup>12</sup> Galić, R. and Pavlina J. (2012) Beskućništvo u gradu Zagrebu: Prikaz istraživanja [Homelessness in the City of Zagreb: A Review of Research] in: O., Družić Ljubotina (ed.) *Beskućništvo: pogled iz različitih perspektiva* [Homelessness: A View from Different Perspectives] (Zagreb: Gradski ured za socijalnu zaštitu i osobe s invaliditetom).

needs of homeless people was not always as developed among shelter staff as it could be, with a need for improvements in staff supervision, including managerial training also being identified. An absence of systematic and continual in-work training and other support for career development was noted. Since 2008 the number of skilled staff has slightly increased across these services, but it was reported that there was still 'room for improvement'.

The **Czech Republic** was described as having homelessness services in which staff usually had formal qualifications, including graduate level training in social work, following the legal requirements on the level of qualification<sup>13</sup>. As homelessness services are classified as social services, and to provide support, staff must have the appropriate professional qualifications, alongside social work roles, this can include roles such as nursing (on rare occasions) within Czech homelessness services. Czech services are legally obliged to provide additional training, including reviewing and updating their existing professional qualifications as practices change over time.

Staff in **Danish** homeless shelters and supported housing services typically hold formal qualifications that reflect their particular roles including social support, counselling, nursing, occupational therapy and care assistants. Qualifications in social pedagogy are also commonplace. However, in some homeless hostels and emergency night shelters there are still some staff members without formal qualifications, in most cases amongst staff working in night or evening shifts, or older staff members, who started working in these services at a time when it was much more common for staff to be unskilled. Provision of in-work training in Danish homelessness services was described as very common. The association of homeless shelters regularly runs courses. These include training in motivational social work. In the shelters there is also use of specific courses, including externally provided 'diploma courses' in social work and other areas. There are national training programmes in Housing First and support methods such as Intensive Case Management and Critical Time Intervention.

Formal education in social and health sector is required for employees in homeless services in **Finland**. The education level varies by the service type, with generally higher qualifications being required for housing-led/first service provision using scattered housing than is the case for some supported housing services using a fixed, congregate site. Qualifications in nursing and social work are at graduate and postgraduate level, respectively. A mix of in-service and external training is used in the homelessness sector. As in Denmark, there is national level training around

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<sup>13</sup> Set up by Act 108/2006 on social services.

Housing First arranged by the Housing First Network. Managers within services tend to be promoted after having had experience in directly providing support to homeless and formerly homeless people.

**Germany** was described as having similar patterns of qualifications to Denmark. The use of unskilled staff is still common in municipal emergency shelters, although a number of municipalities have started to contract NGO services with social workers for providing social support. More intensive services, such as supported housing, tend to employ qualified social workers who have graduate level qualifications. Provision of in-work training can include access to supplementary courses for staff who already hold professional qualifications.

**Greek** homelessness services were described as tending to employ staff with professional qualifications, including a requirement for social work and medical degrees. Staff without professional level qualifications are also employed, but in roles such as cleaning, security and care assistant. Provision of in-work training was not described as widespread in the homelessness sector, although UNHCR services working with migrant populations who would otherwise be living rough were described as offering training.

In **Hungary**, requirements are less stringent for homelessness services than is the case for social services. In emergency shelters and temporary accommodation, degree level education is expected, but not necessarily a degree in a specific discipline, such as social work, but there is also a requirement to undertake further training. There are mandatory courses for everyone working in the social sector and additional, also mandatory, courses for people working in specific roles, such as a support worker. These courses are organised at national level. Alongside this, an array of optional courses is also offered by various organisations. An important difference exists between emergency and temporary accommodation funded by the state, which has the requirements that someone is educated to degree level and undertakes further training, and the supported housing sector, which is outside state funded provision and where education and training requirements are variable. European Social Fund supported housing projects are an exception with requirements around both education and training for staff.

**Italian** practice was described as changing over time, moving away from reliance on volunteering and towards a more professional approach. Employment of social work qualified staff was described as becoming more common. Fio.PSD has taken a leading role in promoting both Housing First and education and training about Housing First via the *Housing First Italia*<sup>14</sup> network which holds regular training

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<sup>14</sup> <http://www.housingfirstitalia.org>

events. Provision of in-work training was described as common in the Italian homelessness sector, with programmes being organised at national level. There are also requirements for specialist social workers to undertake training every year.

In the **Netherlands**, the use of staff with professional qualifications in homelessness services is also mainstream practice. As in Greece, employment of staff without professional qualifications is confined to security and other lower level positions, but practice in the Netherlands was that most jobs in the homelessness sector require formal qualifications. As in the Belgian case, provision of in-work training was described as common, examples include staff having their own yearly training budget for personal professional development (in communication skills or in recovery-supported care, for example). In addition, in-work training ranging from anti-aggression training to first aid courses was provided. Many homelessness services were described as offering trainee positions for students who wished to work in the field and there are examples of organisations developing training modules and research with universities.

People working in the **Polish** homelessness sector were described as often having one of three main roles: counsellor, social worker and specialist (including health and addiction service roles). Hostels (supported housing services) are required to employ qualified social workers but are not required to employ people in specialist roles, such as a nurse or addiction worker. Counsellors are expected to balance support needs with regulation of the behaviour of people using homelessness services, which can include both formal and informal social work roles. Counsellors in emergency shelters and hostels have to have completed their secondary education and first aid courses, whereas social work qualifications are a five-year course at degree level. As in the Czech Republic and Hungary, there are legal requirements governing who can work in homelessness services funded by public funds. Challenges have arisen for some services that relied heavily on volunteers since a 2018 legal change increased the qualification requirements for people working in homelessness services. Provision of external training is extensive and often free, including courses such as first aid (which is required for staff in homelessness services) and managerial training.

In **Portugal**, people working in the homelessness sector usually have a university degree in social sciences such as social work, psychology, sociology, anthropology or social education. Professional teams supporting homeless people can have a range of formal qualifications and a wide range of experience, but this was described as raising problems when not framed by a clearly defined intervention model, and there is no standardised set of guidance on exactly who homelessness services should employ, meaning there is no clarity with regard to the skills needed

to work with homeless people. As in several other countries, people without formal or higher-level qualifications are employed, but in roles such as security guards, cooks or drivers, not delivering direct support to homeless people.

In **Slovenia**, in common with several other countries, there is a requirement that staff working in homelessness services should have relevant, professional qualifications. These qualifications, including social work roles, are organised at national level, regulations around staffing for the homelessness sector are part of wider regulations around how services should operate, including meeting a set of operational standards around provision of space, availability of a complaints procedure and having appropriate supervision arrangements. Publicly funded homelessness services are subject to inspection and regulation. Provision of in-work training in the Slovenian homelessness sector is not well documented, but anecdotal evidence suggests it is made available. Outside the sector, the national association of social workers provides extensive training.

**Spanish** homelessness services require staff to have qualifications. The three main roles are social workers, 'Educadores Sociales' whose roles centre on support for homeless people around organised activities, reflecting patterns seen elsewhere, such as Danish use of social pedagogy approaches and 'Integradores Sociales' whose roles centre on the provision of administrative and basic support within a homelessness service. People in the first two roles are educated to degree level, there are also qualifications for the third role, but the requirements are lower. It was noted that reliance on volunteers within some services can be high, reflecting practices also reported in Italy, in the Spanish case this sometimes means that volunteers are undertaking professional roles. Blurred lines between roles, with professionals not sticking exactly to their defined role but acting more flexibly, were also reported. In-work training was described as being common in the Spanish homelessness sector and there are also mandatory requirements under collective agreements governing the workplace, the details of which vary between the regions in Spain.

In the **UK**, staff are not usually expected to have professional qualifications, such as a social work or nursing degree. As in Finland, promotion within the homelessness sector often tends to emphasise experience over formal qualifications. Graduate level qualifications are not uncommon in the homelessness sector, but this reflects a high proportion of the entire workforce attending University. As in Italy, there has been a sustained movement towards better training and professionalisation of the homelessness sector, led by the homelessness service providers and national NGOs, which in the UK extends back more than 20 years. Nevertheless, the homelessness sector as a whole is broadly characterised by relatively low pay, relatively insecure and/or temporary contracts, which may deter

people with professional qualifications in health and social work from entering the sector. Training can include short courses, professional development and frequent conferences and webinars that are designed to share good practice and discuss shared challenges. While the sector is increasingly professionalised, it is still possible to set up homelessness services, such as an emergency shelter staffed by entirely unqualified volunteers or staff in the UK<sup>15</sup>. By contrast, regulation of mainstream social care and health services is extensive.

People working in the homelessness sector in Europe are often qualified individuals working in contexts in which in-work training is available. This reflects some earlier findings, reported in the 2018 research, about the intersection and integration of homelessness and social services, where the systems governing social service provision encompass significant elements of the homelessness sector, such as the Czech Republic, Hungary, Poland and Slovenia. A view of homelessness as a social work problem, i.e. as linked to issues around mental health and addiction, has led to a similar emphasis on trained personnel in Denmark, Germany, Greece, Portugal and Spain.

### 3.3 Delivering support

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**Belgian** emergency shelters have a broad duty to provide immediate shelter and make referrals to other services, whereas the supported housing services use a psychosocial counselling model, employing trained social workers, to deliver support with health, wellbeing, social integration and finding suitable housing. As elsewhere in Europe, Housing First services in Belgium have a relatively high degree of fidelity with the original model<sup>16</sup> but were reported as facing challenges because of a reliance on intensive case management, rather than having an assertive community treatment/ACT model. In Brussels, there was a broader movement towards an integrated homelessness strategy, where homelessness services were integrated with wider welfare, health, mental health, housing and employment, training and education services.

Homeless services in **Croatia** also follow a social work approach. However, while the model was clearly specified, it was reported that shelters could often not provide the necessary support themselves because they lacked qualified staff and there could be a disconnect between homelessness services and formal social services, which employed social work professionals.

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<sup>15</sup> Pleace, N. *et al.* (2019) *Op.cit.* and Blood, I. *et al.* (2020) *Op. cit.*

<sup>16</sup> See also Pleace, N. *et al.* (2019a) *Op. cit.*

Varied approaches to supporting homeless people were reported for the **Czech Republic**. Services could adopt a harm reduction or a linear, recovery orientated model, that for example sought treatment compliance and abstinence. The focus of individual services was described as reflecting the practice and professional training of the people who staff them. Housing First services are also being developed and deployed in the Czech Republic.

Homelessness services in **Denmark** were described as often following a recovery approach, again focusing on individual needs and support, a model that was described widespread in many homeless services. While Denmark has made considerable use of Housing First services, which have been at the core of national homelessness strategy since 2009, the extent to which a housing-led/Housing First approach permeated the actual practices of social work with homeless people was described as varying from shelter to shelter and from municipality to municipality.

**Finnish** practice has become increasingly uniform, within a national 'Housing First' strategy that influences all dimensions of homelessness and preventative service provision. As has been noted elsewhere<sup>17</sup>, the Finnish Housing First strategy<sup>18</sup> is not based on the original American idea of Housing First but is instead a more comprehensive concept, not focused on a single programme or tier of services, but on an entire strategy that emphasises housing retention where possible, and rapid securing of suitable housing when prevention is not possible, as at the core of responding to homelessness.

In **Germany**, social work practice, focused on individual recovery, was described as common in supported housing services, using individual support plans. Systems within emergency shelters were less formalised. German adoption of Housing First has not been as rapid as is the case for some other countries like France and Italy.

The practice in **Greek** homelessness services was described as diverse. There was a broad emphasis on labour market activation/workfare responses to homelessness, but challenges were noted in securing sustainable employment for homeless people linked to wider economic conditions. The specific nature of housing and reintegration programmes was described as fragmented, with an absence of comprehensive data making it difficult to determine what services were doing.

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<sup>17</sup> Allen, M., Benjaminsen, L., O'Sullivan, E. and Pleace, N. (2020) *Ending Homelessness in Denmark, Finland and Ireland* (Bristol: Policy Press).

<sup>18</sup> For more details on Finnish strategy see The Y Foundation (2017) *A Home of Your Own: Housing First and Ending Homelessness in Finland* <https://ysaatio.fi/en/housing-first-finland/a-home-of-your-own-handbook>.

In **Hungary**, while central government guidance existed for some elements of the homelessness sector, variation in what services actually did was described as widespread. There was something of a disconnect between strict regulation of space and personnel and a relative lack of regulation governing service delivery.

**Italian** services were described as tending to follow shared approaches, with an emphasis on developing individual capability, i.e. intended to address issues around individual behaviour, treatment compliance and other support needs in some services, but a growing shift towards harm reduction and Housing First approaches. The coexistence of more traditional social work driven responses and Housing First reflected patterns reported in Denmark.

Homelessness services in the **Netherlands** were described as following a diversity of approaches, but broad trends in service provision were apparent. An emphasis on 'Krachtwerk', i.e. a strength-based approach which emphasises existing individual capacity and potential, rather than focusing on support and treatment needs, was widely used and has been reported as integral to some Housing First services<sup>19</sup>. There are also widely used approaches for working with children experiencing homelessness and homeless young people. The degree to which these practices are followed was described as variable, but there could be requirements from individual local authorities for service providers to follow a specific approach.

In **Poland**, use of linear-residential or staircase/housing ready models was described as widespread practice, which has commonalities with social work approaches emphasising recovery that do not incorporate harm reduction and are instead abstinence based. Recovery orientated, harm reduction approaches, including new Housing First services, were described as being rare.

**Portuguese** homelessness services were described as not working according to particular approaches. The approach was still very much a "reactive" response to users and their immediate needs, rather than following a specific social work model, linear treatment or Housing First approach. Recent changes to the financing of homelessness services have required that they follow a case management approach, defined at national level. Housing First services have also recently come under regulation, requiring a case manager and support worker for each person using a service, with the support worker ideally being a peer support worker (i.e. someone with lived experience). These recovery-orientated, coproductive practices are becoming more widespread because of these regulatory changes.

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<sup>19</sup> Busch-Geertsema, V. (2013) *Housing First Europe: Final Report* (Brussels: European Union Programme for Employment and Social Security – PROGRESS).

Data are scarce on practice within homelessness services in **Slovenia**. However, homelessness services do operate within the wider framework governing social services/social work at national level, which means following social work practice focused on individual behaviour and support needs.

In **Spain**, practice in homelessness services was diverse, reflecting who was in charge of each service and what their priorities were. Services for homeless people were described as ranging from extremely basic, through to staircase/linear treatment services using a behavioural modification, treatment compliance and abstinence-based approach, through to examples of Housing First in several cities, only the latter still represented only a minority of homelessness service provision.

**British** homelessness services, led by the sector itself, have moved towards an increasingly flexible, choice-led approach across a wide range of service delivery over the last 30 years. In the UK, a housing-led (technically a housing only) response to homelessness was established in legislation in the late 1970s, and while examples of resettlement/transitional housing models exist, the emphasis on individual behaviour and social work driven responses designed to change behaviour and engage with treatment, framed within an abstinence based model, were never as widespread as in some other countries. Harm reduction has been mainstream policy, something that is also true in Finland, for nearly 40 years, reflecting shifts to policy away from harm reduction as the HIV epidemic first appeared. Housing First has become increasingly widespread and there is a trend towards trauma-informed models of support and care. Use of peer support/lived experience workers is relatively common, but is not universal practice.

Across the 15 countries, there was more variation in how services were delivered than was the case for staff qualifications and access to training. A general trend towards standardisation and professionalisation was evident in some countries, like Italy and the UK. However, the formal integration with social services and/or use of social workers as staff that existed in several countries, did not always bring the consistency in working practices that might have been expected. Shifts towards Housing First were evident in several countries, but it is also clear that a more traditional social work response, focusing on individual needs and behaviours, rather than prioritising housing need, remains prominent across Europe, reflecting findings from other recent research<sup>20</sup>.

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<sup>20</sup> Pleace, N. *et al.* (2018) *Op. cit.*; Pleace, N. *et al.* (2019a) *Op. cit.*

### 3.4 Managing services

Gathering data on operational practice, including staff to service user ratios and typical salaries for staff in homelessness services proved to be a difficult exercise. Staffing ratios varied markedly by service type and location, but there was not necessarily much consistency between services that were nominally of the same ‘type’ within the same country. Salaries tended to reflect the wider economic differences between European countries, with people working in more prosperous societies<sup>21</sup> tending to earn more when working for homelessness services. The differences in professional level salaries, such as for a qualified social worker, can be marked across Europe.

Management arrangements in services were diverse. In some countries, the homelessness sector retained elements of volunteer/amateur origins, including practice that meant selection of senior leaders relied heavily on experience. In others, systems were much more formalised, reflecting the intersection of homelessness services with formal social services, an emphasis on professional management being required by service commissioners or driven by the homelessness sector itself. Table 3.1 summarises the broad patterns in management practice reported in each country.

**Table 3.1 Overview of management arrangements in homelessness services**

Country	Management Arrangements
Belgium	Professionalised
Croatia	Generally professionalised
Czech Republic	Experienced staff who receive additional training
Denmark	Generally professionalised, but some variation for NGO services
Finland	Experienced staff, emphasis on team working
Germany	Professionalised for larger services, more variable elsewhere
Greece	Varied, but generally informal
Hungary	Professionalised with specific qualifications required
Italy	Generally professionalised
Netherlands	Professionalised
Poland	Increasingly professionalised following legislative change in 2018
Portugal	Variable, increasing emphasis on professionalised arrangements
Slovenia	Professionalised
Spain	Variable, increasing emphasis on professionalised arrangements
United Kingdom	Emphasis on experienced staff, shared professional practice across sector

<sup>21</sup> pre-COVID 19.

### 3.5 Volunteering

Use of volunteering by homelessness services in the 15 countries is summarised in Table 3.2. This table describes broad patterns, so for example while the UK use of volunteers in emergency shelters was not widespread, there were examples of entirely charitable shelters operating without any State support that were largely run by volunteers or which relied heavily on volunteer support. The varying structure of homelessness sectors across Europe was again shown by these findings, with often heavier use of volunteers in emergency shelters than other services, but less use for supported housing/higher intensity support services offering congregate or communal accommodation or mobile, housing-led or Housing First services. Use of peer support arrangements was reported in some countries, but not the majority.

**Table 3.2** Overview of the use of volunteering

Country	Shelters	Supported Housing	Mobile/Housing-Led/First
Belgium	Integral to service provision	Support role	Peer support
Croatia	Integral to service provision	Not widespread	Minor role
Czech Republic	Not widespread	Not widespread	Not used
Denmark	Support role	Support role	Not used
Finland	Support role	Not widespread	Not used*
Germany	Not widespread	Not used	Not used
Greece	Integral to service provision	Support role	Not widespread
Hungary	Not used	Not widespread	Not used
Italy	Integral to service provision	Integral to service provision	integral to service provision
Netherlands	Integral to service provision	Not used	Peer support*
Poland	Support role	Support role	Not used
Portugal	Support role	Support role	Support role
Slovenia	Support role	Support role	Support role
Spain	Support role	Support role	Not used
United Kingdom	Not widespread	Not used	Peer support*

\* People with lived experience can (also) be employed in some services, but they are staff, not volunteers.

### 3.6 Staffing issues

In **Belgium**, the situation was described as one in which the need for homelessness services exceeded supply, in which existing service provision was under strain and in which staff experienced stressful working environments. Shortfalls in resources and a lack of specialist staff were described as occurring when homeless people were presenting in increasing numbers with a diverse range of needs. Coordination

with medical services and integration of specialist staff were identified as particular shortfalls in service provision that was often trying to meet the needs of homeless people who had mental health problems. Services were also prevented from providing forms of support that fell within the remit of staff who are expected to have medical qualifications, e.g. around administration of drug regimes. While attempts were underway to increase financing for staffing, using more than one programme, the reported shortfalls in capacity and in a need for more staff, and more specialist staff, were reported as having not been addressed at the time of writing. An uncertain and challenging situation was described as leading to burnout among some people working within the homelessness sector.

In **Croatia**, it was reported that homelessness services were commonly understaffed and overburdened, including staff trying to support homeless people with high and complex needs without specialists to call upon, either within homelessness services or from the Croatian public health system. Staff turnover could be rapid, reflecting a reliance on what could be diverse, short-term funding programmes, though this was more an issue for smaller service providers, operating emergency shelters, than for major international charities that tended to have more secure funding. Pay was described as low, which in combination with operating in often understaffed services that did not offer much job security, was reported as contributing to high staff turnover in homelessness services.

Issues of understaffing were also reported in the **Czech Republic**, linked to resource levels available to homelessness services, low pay, a sense of stigmatisation being reported by some people working in the homelessness sector and trying to support homeless people whose needs could be high and complex. This, as in Croatia, was described as leading to high staff turnover and burnout in the homelessness sector.

The situation in **Denmark** was more positive, but issues around the emotional challenge of working with people with high and complex needs, who could be traumatised, were highlighted. While systems were in place to support staff in many services and what was described as a high degree of attention was placed on this issue, stress and burnout were described as existing, but data on the extent of these issues were not being collected. Denmark was not described as having the acute resource problems in homelessness services that were reported in some other countries.

**Finnish** homelessness services were described as facing some challenges around staff recruitment and increases in staff turnover. Workload could be heavy in some types of homeless service. Resource issues were reported in some services, but not for supported housing or housing-led services and, as in Denmark, large shortfalls between resources and the level of need were not a widespread issue.

In **Germany**, issues with high emotional demands being associated with working in the homelessness sector were also reported, as was experience of stress and, sometimes, not having the qualified staff to meet the needs of some homeless people. Some recruitment issues could also arise for homelessness services. However, challenges around staffing of homelessness services in Germany were not seen as a widespread issue and, again, significant shortfalls in resources, relative to need, were not reported.

**Greek** experience was one of sustained economic problems, since 2008, being linked to a lack of investment in a homelessness sector that was facing increasing levels of demand. Contracts for staff working in homelessness services could be short term and insecure, while precarious financing of some homelessness services meant that staff were not always regularly paid. Shortfalls in basic supplies were reported in some services, with workers apparently having to buy cleaning products to keep shelters clean. Stress and burnout were seen as widespread issues. Burnout was most acute in the emergency shelters, which had limited, insecure resources and faced unpredictable and sometimes overwhelming levels of demand. In the supported housing sector, where resources could be more stable and the workload was more constant, i.e. there were a set number of places with a set level of staffing, pressures could be lower, but stress related to insufficient resources was still present.

In **Hungary**, particular challenges existed around recruitment and the provision of counselling and mental health support to people working in the sector. It was reported that it was generally difficult to recruit qualified staff to the homelessness sector, particularly in the countryside, reflecting relatively low salaries and physically challenging conditions in homelessness services. Efforts were made to maintain staff morale, but systems for counselling and supervising staff were not always well developed. Experience varied between services, some had less issues with recruiting and retaining staff than others.

In **Italy**, burnout from working in a complex and stressful environment with people who could have complex needs was identified as an issue within the homelessness sector. Within the sector, management of these issues includes training staff to maintain a healthy detachment, ensuring proper supervision and team meetings are organised to minimise risks, training and exchange of good practice. Nevertheless, challenges arise when trying to meet what can be complex project goals, such as the labour market integration of formerly homeless people with high support needs.

Experience in the **Netherlands** reflected some of the challenges reported elsewhere. Recruitment difficulties existed prior to the onset of the COVID 19 pandemic, reflecting a strong labour market in which unemployment rates were low,

with a high rate of staff turnover and challenges around recruiting highly qualified staff also being reported. Some of the roles within homelessness services were described as offering relatively low pay, in return for working in environments that could be challenging. Burnout, stress and staff absence due to sickness are all issues in the sector. As was reported elsewhere, experience did vary between different services, some faced fewer challenges around staff recruitment and retention than was the case for others.

**Polish** experience reflected that of several of the other countries, salaries were relatively low, there were challenges with recruitment and those challenges could be more acute when trying to find staff with higher levels of qualifications. Issues with burnout, stress and high staff turnover could exist in some services, but as elsewhere, this can vary between individual services.

In **Portugal** multiple issues were identified across the homelessness sector. A disconnect between supervision priorities, which tend to focus on compliance with contract service agreements, an emphasis on statistical measures of performance, rather than the informational and emotional elements of providing support, i.e. the areas in which staff tend to be trained. This reflects a focus among funding agencies that commission homelessness services on particular performance metrics, with the managers of services being under pressure to show the required outcomes. Budgets could also be tight, meaning that resources went on showing that performance targets are being reached, putting pressure on those aspects of support work, the psychosocial elements, that were not directly linked to the targets. In turn, people trained to provide psychosocial support found themselves operating in environments where limited resources were often not targeted on that aspect of support, which could result in staff stress and burnout. Issues with burnout and high staff turnover had been associated with some Housing First service provision. Alongside these pressures, as in Belgium, coordination and access to other services, outside the homelessness sector, could bring challenges that were also associated with staff feeling under stress. Training gaps around innovative ways to work with homeless people were identified, within a context where a focus on specific metrics made it difficult for some homelessness services to think strategically, or step back and assess the utility and effectiveness of the support they were providing. As in several other countries, issues around low pay, recruitment and staff retention/high turnover were identified in Portugal, contracts in the homelessness sector can be short term and precarious. The issues with staff who could have an array of qualifications, sometimes working without a guiding framework was noted above, with challenges stemming from not having more specific requirements for working in the homelessness sector.

**Slovenian** experience also resonated with that reported in several of the other countries. Homelessness services could be understaffed, there could be issues with recruiting appropriate staff and with high staff turnover, again linked to stress and burnout from working with people who could have high and complex needs. Supervision arrangements were standardised in some services, including weekly meetings within internal supervisors and a monthly meeting with an external supervisor.

In **Spain**, issues with low pay and supervision structures within the homelessness sector were identified, alongside challenges associated with staff burnout, again linked to working with people who could have high and complex needs with what were often limited amounts of time and other resources. Staff were reported as sometimes feeling frustrated that they could not provide all the support they thought was needed. As in Portugal, time and effort could be required to fulfil the reporting procedures required by funders. As in Greece, project financing could be precarious, meaning that working in the homelessness sector often meant dealing with job insecurity. Stresses also arose when staff faced multiple barriers to fulfilling service goals, such as finding sufficient affordable housing in very expensive areas of Spain, which could result in homeless people being 'stuck' in services.

In the **UK**, relatively low wages and, often, extremely precarious working situations, with short-term and temporary contract use being widespread, are issues across much of the UK homelessness sector. Larger NGOs are able to offer more security and better prospects for promotion and career development, but all NGOs tend to be working under local authority contracting arrangements where there is pressure to reduce costs each time that the contract is renewed. Contracts also end, can be cut short or reduced, and it can be difficult to maintain employment in homelessness services when this is the case. The work in homelessness services was reported as often stressful, finding and securing affordable housing could be a real challenge in very overheated housing markets and coordination with other services, such as mental health, which could also often be under-resourced, also presented challenges. Issues with burnout, high turnover and stress were again present, but as in other countries, these issues were not universal, relatively stable, comparatively well-funded services existed alongside those with a much more precarious and challenging existence. As in Portugal, an emphasis on fulfilling contract conditions could skew homelessness projects towards focusing resources on ensuring good results were delivered on the required metrics.

This research perhaps captured the problems and challenges of the homelessness sector more effectively than it did the rewards. Many staff and volunteers find engagement with homeless people to be highly rewarding and satisfying work and this can be an important motivation for starting to work, and choosing to remain within, the homelessness sector. This said, a near uniform, although not universal,

sense of pressure on resources, resulting in stress and strain on staff was reported across most of the countries. The pressures were more acute in some countries than others, but there was a clear sense that across many of the 15 countries, often under-resourced services were working with people who could have high and complex needs in challenging circumstances.

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## 4. Shelters and emergency accommodation

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### 4.1 Introduction

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This chapter looks at staffing practices in services providing low intensity non-housing focused support, i.e. low threshold emergency shelters for roofless persons, across the 15 countries in more detail. The chapter is based on examples of services provided by the respondents to the questionnaire<sup>22</sup>. The chapter begins by providing an overview of the services that the respondents used as examples, this is followed by a discussion of staff qualifications and training, delivery of support, including use of volunteers and the management arrangements for services. The chapter concludes by highlighting specific issues in staffing for shelters and emergency accommodation across the 15 countries.

### 4.2 Service overview

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The services selected by national experts tended to be located in urban areas and run by an NGO, quite often under contract to a municipality or local authority. This reflects patterns reported in earlier research that dedicated systems of emergency accommodation for homeless people tend to be concentrated in the larger towns and major cities<sup>23</sup>. Capacity varied very markedly, from 30 places to over 500 in a single service, with operational practice being similarly diverse, highlighting the challenges that exist when trying to generalise about 'emergency shelter' provision in Europe in general terms and, again as reported in earlier research, the distinction between what constituted emergency shelter and what constituted temporary accommodation being unclear and inconsistent<sup>24</sup>.

Services that fit the popular stereotype of an emergency shelter, basic provision with shared sleeping areas with support being largely confined to putting a roof over someone's head and ensuring they are fed, exists all across Europe. However, not all these services necessarily fit with this patterns, some countries have only a limited amount of these kinds of services and, as discussed in Chapter 7, the impacts of COVID 19, alongside other factors such as the rise of housing-led/first services, may mean that use of this type of service provision goes into decline in

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<sup>22</sup> See Chapter 2.

<sup>23</sup> Pleace *et al.* (2018) Op. cit.

<sup>24</sup> *Ibid.*

some parts of Europe. There are examples of emergency accommodation that provide someone with their own room, indeed their own studio apartment, offer relatively extensive support, and which do not, like a lot of emergency shelter provision, close during the day. Some countries like Finland and to a lesser extent, the UK, have moved away from this sort of provision, adopting systems, including street outreach, daycentres and advice services that refer homeless people straight to supported housing or housing-led/first services.

This said, the bulk of services described in more detail by the respondents offered shared sleeping areas rather than individual rooms or studio apartments and tended to close during the day. As the authors described in earlier research in this series, *Homelessness Services in Europe*<sup>25</sup> relatively basic emergency shelters are still probably the predominant form of homelessness service across Europe as a whole, even if their use has markedly declined within some countries. While again noting that there were important differences, the most common operational characteristic of the selected services was to function as low-threshold shelters offering low intensity support. The use of communal (shared living space) services housed in a dedicated building was common. The same holds true for the type of support available in most shelters: basic accommodation, shared bathrooms, food and laundry facilities, alongside access to a limited amount of support work to help people access other services.

### 4.3 Qualifications and training

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Use of qualified staff, including people with professional qualifications in fields like social work was quite widespread, but was more common in those countries where emergency accommodation for homeless people was within, or closely linked to, wider provision of social services and constituted either the main service model used for homeless people or the most commonly available form of service. Examples here included Hungary, Greece and Poland. Inconsistencies existed that reflected some of the broad patterns reported in the last chapter, with heavier reliance on unqualified staff in some countries than others. Shelters and emergency accommodation across Europe are *highly* diverse, with far more resources being available to these services in some countries compared to others. The extent to which these services were used also varied, being less common in Denmark, Finland and the UK, for example, where there was more emphasis on housing-led, Housing First and supported housing. In other locations, such as Italy, emergency accommodation had limited staffing and, as noted below, had to rely heavily on volunteers.

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<sup>25</sup> Ibid.

Similar variations exist in relation to training. In some countries, such as Belgium, Croatia, Portugal and Spain, there are legal requirements for workers to complete a minimum number of training hours, although the respondents raised questions around whether the level and nature of that training had the right focus and intensity. Other pressures, for example as reported in Belgium, meant that training opportunities that were available were not always pursued. In Greece, while there were requirements around staff qualifications, training was reported as being limited for staff working in an emergency shelter.

In several countries<sup>26</sup>, there are examples of a proactive engagement of the organisations in the promotion of training, regular and structured supervision and access to internal and external seminars, workshops and conferences.

- In the Czech Republic, workers were actively engaged in identifying relevant topics for training opportunities, related to the issues that are important for improving their professional practice;
- In Croatia, competence development and further training was strongly encouraged within the service chosen as an example, which devoted “considerable funds, energy and thought to non-formal/informal types of education”. These include supervision, courses related to the coordination of volunteers, webinars and conferences within a framework designed to empower team members;
- In Finland, the example organisation encouraged staff to attend free seminars and training, with arrangements to provide staff cover to allow attendance at training days;
- In Hungary, the management within the example service encourages staff to participate in internal courses which are prepared according to the needs of the different services and supervision may also be offered.

#### **4.4 Delivering support**

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There was only limited evidence of consistent practice, i.e. following a particular approach to support for homeless people, within the example emergency shelter services chosen by the respondents for each country. Respondents from Denmark, Finland and the Netherlands all identified specific approaches within their example services:

- In Denmark, the night shelter operated within a wider Housing First strategy implemented by the municipality, made use of motivational interviewing techniques.

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<sup>26</sup> Czech Republic, Croatia, Denmark, Finland, Hungary, Italy, the Netherlands and Slovenia.

- In Finland, the service offered very temporary support, being designed to move people rapidly on to other services with the Finnish housing-led/first strategic approach. The respondent stressed that it was homeless people themselves who determined the kind of support they want to receive within this service.
- In the Netherlands, the organisation running the day and night shelter focuses on recovery-oriented care, and the essentials of the ‘krachtwerk’ (strengths-based, empowerment approach) approach are followed. The service using a self-reliance and self-sufficiency matrix to assess progress with each person using the emergency accommodation.

In several other countries, low-threshold emergency shelters use a person-centred approach where individual planning is the basis for the support work, although this is usually at a basic level. The importance of fostering secure and trust-based relationships between clients and workers in order to remobilise people towards long-term solutions was also highlighted by some national experts.

- In Croatia, individual plans are made with each user in collaboration with a social worker from the Social Welfare Centre; according to the description made by the national expert, the approach used at the shelter is based on the principle that support workers should think as if they were in the shoes of the homeless person.
- In Italy, the welcoming of people in the shelter is based on the ‘relational reception approach’, i.e. the admission of people should be based on a relationship of trust in order to foster a secure relation and an alliance between “operators, beneficiaries and volunteers”.
- In Spain, an individual plan (PTI) is prepared jointly with the user from the first day of admission and actions to be undertaken and resources to be used are agreed upon between the user and the reference support worker. Similar arrangements exist in a Brussels emergency shelter, but the policy is not employed throughout Belgium.

In Hungary, Greece, Poland, Portugal and Slovenia, no particular approach was reported within emergency accommodation services. Within the UK, NGO provided low-threshold emergency funded by local/central and national government tend to be part of a triage system, rather than a service providing support on site, e.g. the *No Second Night Out* services in England.

## 4.5 Managing services

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These low-intensity services<sup>27</sup>, which were low-threshold emergency shelters tended to have lower staffing ratios than the supported housing and mobile housing-led/first services described in the following chapters. Nevertheless, there was, again, marked variation of the staff-to-user ratio, when considering the full-time employees involved in support work with homeless people. Ratios ranged from 1 staff member for every three or four homeless people through to 1: 11, 1: 16 and as low as 1: 27, within a broad tendency to not provide as much cover during the night as during the early evening or (where open) during the day. Volunteer use was most extensive in the examples of services from Italy and the Netherlands, also being reported in Croatia, Denmark and Poland. Finland was the only country where peer support worker arrangements were integral to the provision of emergency shelter.

In most instances, the management of the examples of emergency shelters chosen by the respondent was usually a qualified worker who had completed a higher education degree and, in some cases, had completed additional training in management skills.

Administrative structures varied across the example services in different countries. In Poland, for example, the overnight shelter chosen was part of a much larger service structure, with an integral bureaucracy of which the service manager was a part. In Hungary, there were specific requirements for someone running an emergency shelter funded by the State to be a qualified social worker. Emergency shelters could also have their own, relatively extensive management structures, an example of which was described in the Netherlands.

- The management in the example of an emergency shelter in the Czech Republic was designed to have a supportive, supervisory role with a system providing regular staff meetings, supervision and staff consultation.
- In Croatia, supervision in the example service chosen had a similar emphasis on informational and emotional support, ensuring the emotional wellbeing of staff.
- In Denmark, a separate manager for the emergency shelter was provided, within a larger structure of which the service was one part, their main role being to create a working atmosphere conducive to delivering effective support.
- In Finland, there was, as noted in Chapter 3, an emphasis on using experienced staff in managerial roles.

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<sup>27</sup> On the typology for homelessness service provision in Europe, please refer to Pleace *et al.* (2018).

The situation in the Brussels region of Belgium is described as an evolving one where a new organisation has been put in place and specific governance structures are currently being implemented in order to increase the emphasis on professional management in the homelessness sector.

Volunteers are usually entrusted with tasks related to the provision of food, cleaning duties, organisation of entertainment activities, reception and distribution of donations and maintenance. In two cases, Greece and Italy, the role of volunteers was integral to service provision, but in quite different ways:

- In Greece, volunteers have an important, but complementary, role in the operation of the emergency shelter chosen as the example service. One of their main responsibilities is to accompany social workers on weekly street work to various parts of the municipality, in order to identify homeless people living on the streets and to inform them of the existence of the shelter.
- In Italy, within the example service, there was only one formally employed, part-time, support worker while the day to day management and delivery of the service was handled largely by volunteers.

Attitudes towards voluntary work within these services could be diametrically opposed. On the one hand, some services operated on the basis that working with people who could have high and complex needs demands the skills of professional staff and should not involve volunteer staff; on the other hand, services in some countries valued the participation of volunteers as important, adding value, allowing the development of activities (e.g. cultural and social activities) that would not be available otherwise and in the Italian case, being vital in enabling the service to operate.

## 4.6 Staffing issues

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Salaries ranged very widely, reflecting the wider socioeconomic circumstances of each country as well as differences around whether or not staff had professional qualifications such as a degree in social work. Monthly gross salaries for support workers therefore ranged from well under €1 000 per month to over €4 000, although, while already not really practical for the reasons cited, comparison of these different salary levels has the added complication of widely divergent income tax systems and different purchasing power in different European countries. Nevertheless, in several countries, the wages paid by the emergency shelter chosen as an example were described as comparatively low, relative to what someone could earn in other professions elsewhere in that country's labour market.

Job insecurity was an issue in some of the emergency shelters, but there were widely reported issues of workplace related stress and burnout. At the core of these issues was a mismatch between the complexity of the support work staff were being asked to do and the resources that they had available, including poor working conditions across several of the example services.

- High levels of stress and a high risk of burnout amongst workers who are working with homeless people with complex needs were reported in the Czech Republic, although mutual support from team members is a key part of operational practice.
- In Croatia, stress and burnout are constant features of the support work which is confronted daily with all types of difficult and challenging situations, which were described as sometimes involving physical risk.
- The experience in the Greek example of an emergency accommodation service was described as involving facing challenging working conditions while also being in a situation of insecure employment; issues of staff burnout are encountered in this service.
- The Hungarian emergency shelter was described as having very adverse physical working conditions and low pay, with challenges in hiring people to work in the service.

Difficulties in recruiting staff and high turnover of workers were also widely reported across the example services and identified as relevant challenges for staff stability and development. Issues with burnout, combined with difficulties in recruitment, were reported in Belgium and the Netherlands. Similar issues were reported for the example in the emergency shelter service in Spain. Where medical posts were part of service provision, as in the example services from Croatia, Greece and Portugal, there could be challenges in recruiting staff.

In Portugal, an ageing cohort of staff in the emergency shelter chosen as the example service was an issue, making shifts in practice harder to implement. High rates of absence due to staff sickness existed in the service in the Netherlands and other specific issues were identified across each of the services. Only Denmark was reported as having relatively few issues around staffing in the example of the emergency shelter service chosen, but even there, long nightshifts could put staff under strain.

Effective management practices were identified in some services, including flexible working arrangements for staff in Hungary, and an emphasis on cohesion and support in the staff team in the Czech and Portuguese services. The Finnish example of an emergency shelter provided regular counselling for staff.

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## 5. Supported Housing

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### 5.1 Introduction

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This chapter looks at staffing in services providing higher intensity support services for homeless people with complex needs offering temporary accommodation, e.g. homeless hostels and supported housing with on-site staffing. For the purposes of this chapter and the wider report, this is abbreviated to the term supported housing. As in Chapter 4, this chapter is largely based on examples of services of this type provided by the respondents to the questionnaire<sup>28</sup>. The chapter starts by providing an overview of the services that the respondents used as examples, after which there is a discussion of staff qualifications and training, delivery of support, including use of volunteers and the management arrangements for services. The chapter ends by exploring issues in staffing for supported housing across the 15 countries.

### 5.2 Service overview

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The bulk of the services chosen by the respondents were in urban areas or large towns, although a couple of examples were in more rural locations. The bulk of the services offered supported housing to 20-40 people, but there were examples of rather smaller and also larger services. As was reported in the 2018 report in this series, supported housing services across Europe vary considerably<sup>29</sup> and the range of services chosen by the respondents for this study reflected that same diversity. The examples included staircase/linear residential treatment models following a housing ready model, a congregate 'Housing First' service, basic shelters offering limited support that were differentiated from basic emergency accommodation mainly in terms of the length of stay they allowed (i.e. at least several months or open ended) and small, intensive, supported housing services. Accommodation ranged from shared bedrooms, which could contain several people through to individual rooms, studio apartments and actual apartments.

The chosen services included accommodation that was not very distinct from early to mid-twentieth century services that were intended for low income, itinerant men, who would sometimes be working and sometimes not be working. At the other end of the spectrum, there was what was effectively permanent supported housing with

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<sup>28</sup> See Chapter 2.

<sup>29</sup> Ibid.

on-site staffing, with the bulk of services being broadly describable as lower and higher intensity versions of linear or staircase services designed to use a mix of social work support and, quite often, labour market activation to move their residents away from homelessness. Sometimes these services were close to, or followed, the original, abstinence-based staircase services, whose strict regimes and relatively poor performance in ending homelessness, compared to Housing First, has been widely criticised<sup>30</sup>. However, there were also more relaxed versions of transitional housing, designed to move people into independent living, but utilising a service user choice-led or coproductive approach, within a harm reduction framework.

One difficulty in drawing comparisons, allowing that this was already a diverse set of services providing different levels of support according to staircase approaches that would be familiar from the 1980s, through to co-productive approaches, was that some offered temporary accommodation while others were effectively permanent housing. This meant that these services included what was the effective end point of a trajectory away from homelessness, a point along what was intended to be a trajectory away from homelessness or what was in effect a quasi-permanent basic emergency shelter. Beyond this, there was the difficulty mentioned above and in previous research in this series, that the line between whether these services were emergency or temporary accommodation, a shelter or supported housing, was often blurred<sup>31</sup>.

### 5.3 Qualifications and training

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The bulk of supported housing services given as examples by the respondents<sup>32</sup> included social work trained staff, with some services also including medical professionals on a part-time basis. Compared to the emergency shelters described in the last chapter, staff in these services were more likely to have this sort of professional qualification. In Denmark, Finland and Germany, there was an expectation that workers would have a formal qualification, often at degree level. Use of semi-skilled staff was reported in Belgium, but elsewhere the staff team was likely to include graduates and, often at least some individuals who were qualified social workers. Some roles in the example services, such as administration, security or cooking, did not tend to require higher level qualifications.

Provision of in-house and external training was also widespread:

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<sup>30</sup> Busch-Geertsema, V. and Sahlin, I. (2007) The Role of Hostels and Temporary Accommodation, *European Journal of Homelessness* 1 pp.67-93; Busch-Geertsema, V. (2014) Op. cit.

<sup>31</sup> Ibid.

<sup>32</sup> See Chapter 2.

- In the Walloon Region of Belgium, the supported housing service is required to offer 40 hours of individual or group training to staff with a training budget of €400 per year. This budget is limited. But some free training is offered by a number of organisations. Flemish and Brussels service providers have an allowance in their operating budget for financing internal and external training.
- The Czech service operated under a legal obligation to provide 24 hours training a year. Staff are encouraged to do more training and can also get access to study leave.
- In Germany and the UK, external training was encouraged by the examples of supported housing services chosen by the respondents.
- In the Danish example of a supported housing service each staff member is allocated a budget for training, and there were also opportunities for the entire staff team to pursue training as a group. The Finnish example of this type of service also arranged collective training for the staff team seven or eight times a year.
- The supported housing services in the Netherlands, Poland and Portugal all promoted staff training, while in Italy, training was described as an integral part of the service, with an emphasis on group working and community empowerment<sup>33</sup>.
- In Greece and Hungary, access to training for the staff in the two examples of supported housing services was described as limited.

## 5.4 Delivering support

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No single model for providing support predominated in what was a diverse set of services. Patterns were however evident across different groups of countries:

- The Danish and Finnish services were integral to housing-led national and local homelessness strategies, but were designed to do quite different things. The Danish service was a homeless hostel with high intensity support and with the aim to settle people into independent housing after a stay in the hostel. However, rather than using a staircase or linear model, it adopted a recovery and empowerment approach. The Danish service offer people separate rooms while staying in the hostel but the stay is solely on temporary terms. By contrast, in Finland a congregate version of Finnish 'Housing First'<sup>34</sup> was used as an example, it was possible to move on from this service, but it offered apartments with their own, independent tenancy, which can and often do become permanent homes.

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<sup>33</sup> See below in this chapter.

<sup>34</sup> As distinct from American Housing First, see Allen, M. *et al.* (2020) *Op. cit.* and <https://ysaatio.fi/en/housing-first-finland>.

- A German service offered as an example of supported housing had some similarities, but a more liberal regime, each resident being allocated their own room and an emphasis on social work support, so for example residents were expected to cook for themselves. By contrast, an Italian long stay service was communal in multiple senses, having shared living space, but emphasising a social work model with an emphasis on group work.
- Italian practice differed from that reported in other countries, a more community focused approach, centred on facilitating interconnection between the people using supported housing with an emphasis on group work and co-production was reported.
- While the examples of Polish and Portuguese services shared several characteristics, including an emphasis on labour market activation within a more traditional social work framework of focusing on behavioural change and health, making someone 'housing ready' within a linear or staircase framework, the Polish service, with over 40 places, was more than double the size of the Portuguese one, the latter operating over two sites. Belgium also provided an example of this kind of service model, offering 25 beds. In all these services, residents were sharing bedrooms.
- Slovenian, Hungarian and Czech services can be broadly termed as being equivalent to emergency shelters, offering some social work support, the chief operational difference being that these services allowed longer stays.

## 5.5 Managing services

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The ratio of staff to people using the various supported housing services was extremely divergent, there were relatively intensive services and those where staffing ratios were much lower. Meaningful comparison was not really possible between services that had very different functions and budgets to one another but ranged from 1 staff member to every two residents and a staff to resident ratio of 1: 12.

Management arrangements varied between the example services, again dependent on the type of service being talked about. The three clusters of supported housing, the long stay shelters, staircase model services and the mix of more housing-led/choice-led models, all tended to have professionalised management. Variations existed, depending on whether or not the service was integrated within a larger system, in the sense of an integrated homelessness strategy and/or within an array of services provided by a large organisation, such as an NGO providing multiple

services within an area and/or operating across multiple areas. EU funded services, such as homelessness services supported by the ESF, are expected to have professional management in place.

Reliance on volunteers was not generally very extensive across the examples of supported housing provided by the experts. Belgium, Croatia, the Czech Republic, Germany, Finland, Hungary, the Netherlands, Poland, Portugal, Slovenia and the UK reported no, or very limited roles for volunteers in the example of supported housing services. In Greece, there was more of a support role and in the Italian service there was use of volunteers for the communal and civic activities that were part of service provision. In Denmark, volunteers provided additional activities for the users beyond the general support given by staff.

## 5.6 Staffing issues

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As was the case with the emergency shelters, the combination of socioeconomically diverse countries and a mix of staffing, including some people with and without professional qualifications, produced the inevitably wide range of salaries across the supported housing examples provided by the respondents. The upper end of gross monthly salaries approached €4 000, the lower end under €1 000, although, again, even a very broad comparison is problematic because of different levels and systems of taxation and purchasing power levels across Europe.

In comparison with emergency services, resource levels were less commonly reported as a problem. This was not to say that issues with recruitment, retention and staff stress and burnout were not reported, but the reports were less uniform than was the case for emergency shelters. One reason for this may have been that these services were mainly provided by government commission of NGOs and were part of State expenditure on homelessness. Use of volunteers by these services, with the exception of Italy, tended to be lower than for the emergency shelter services, reflecting larger and more stable budgets that allowed for the recruitment of paid staff.

Budgets may not have been enough, but there seemed to be more predictability and stability than was the case for some of the emergency services. Another reason was that the service user 'load', i.e. how many homeless people needed help was broadly stable in relation to the staff pool, the hostel or supported housing unit had, for example 25 beds and 10 staff. This meant that while individuals might present with higher and lower needs, there were always 25 people and 10 staff. When a supported housing service operated by referral, it also was less likely to be suddenly inundated, with 25% more people turning up looking for a bed one night than had turned up the night before, a situation that might be faced regularly by some of the

emergency services. One exception to this was the UK, where a culture of often short term, unpredictable contracts created a sense of precarity and uncertainty across supported housing, alongside this, a broad shift towards housing-led and Housing First services was raising questions about the future of supported housing using a congregate, fixed site model<sup>35</sup>.

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<sup>35</sup> Blood, I. *et al.* (2020) Op. cit.

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## 6. Mobile, Housing-Led and Housing First services

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### 6.1 Introduction

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This chapter looks at staffing practices in mobile support services providing floating support for formerly homeless people when they are rehoused in ordinary housing, including housing-led and Housing First services. An overview of the services selected by the national experts<sup>36</sup> is provided and the chapter then examines patterns in qualifications, training and the delivery of support. Management practices, including use of volunteers are considered in the next section and the chapter concludes by looking at staffing issues across this aspect of homelessness service provision in Europe.

### 6.2 Service overview

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The services selected by the respondents tended to be in urban areas, with some in smaller cities. Most were run by NGOs, working under municipal, local authority or other government contract, but there were also some directly run municipal services. Some services were freestanding mobile support or housing-led/first services, others were integrated with supported housing, acting as systems for providing floating support when someone moved on from supported housing or a homeless hostel into ordinary housing. Housing First services included examples from Germany, Italy, Portugal, Poland, Slovenia and the UK. Some countries, including Croatia and Greece, had little in the way of mobile support services and were more likely to provide emergency shelters than other services, reflecting the pattern reported in previous research in this series of reports<sup>37</sup>.

All the services used a mix of ordinary housing and mobile support, with variations in the nature and intensity of support, but all operating within a framework designed to enable homeless people to secure and sustain their own home. Differences in size were considerable, however, some services were operating with 10-20 service users, others were major forms of homelessness service provision, in one instance supporting several hundred people. Referrals to the Housing First services and

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<sup>36</sup> See Chapter 2.

<sup>37</sup> Pleace, N. *et al.* (2018) Op. cit.

some of the mobile support services were direct, but the services that were integrated with supported housing, designed to escort formerly homeless people and support them as they settled in their own home, could only be accessed via a stay in supported housing. While some services, like Housing First are open ended, albeit with a broad expectation that support would reduce over time, some mobile support services can be time limited. A range of lower intensity services, which could be described as mobile support/housing-led services were also included among the examples provided by the respondents.

There were some differences between these services, including a significant distinction between those which were attached to supported housing, with a function to resettle former residents into ordinary housing, and those which worked by placing homeless people directly into ordinary housing, without requiring a supported housing stay. Important differences also existed in terms of the level and intensity of support on offer. However, the potential for direct comparison between services operating in different European countries was greater than was the case for emergency shelters and supported housing, in that these services were *broadly* similar.

### **6.3 Qualifications and training**

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There was a general tendency for these services to employ trained social workers, some services also employed mental health professionals. The Polish Housing First service and the Czech mobile support services provided as examples by the national respondents both employed trained social workers. One exception was the UK, where housing-led and Housing First services tend to employ experienced staff, who will not necessarily be qualified social workers.

The services were all structured to provide internal training and/or to provide access to external training opportunities, but there were variations in how much training was provided. Sometimes training requirements, where they were specified, were fairly limited, but in other cases there was provision, including arrangements for cover at work, to enable access to courses for career and professional development. Some of the services were reported to have specific arrangements to enable staff to take courses on working with homeless people and other individuals with high and complex needs.

In the Polish case the members of the implementation team are required to have higher education and at least 4 years of experience in their field of work. Assistants and social workers are expected to have higher education and at least 2 years of experience. However, an issue was raised in the Polish case regards the hiring of specialists, especially in the health care area – in the service reported on in a major

Polish city there is still no general practitioner and no nurse attached to the project although both are supposed to be available in the project.

- In the Czech Republic, social workers in the mobile support service had the option to choose training courses according to their needs, or according to topics that they consider important and where they wish to improve.
- Belgian services invested heavily in internal and external training, financed through specific funds reserved for formation, training and education, there was also the option to take educational leave to complete longer term training courses.
- In Denmark, each staff in the mobile support service has a personal plan for competence development and on a team level, there is a strategic processual focus.
- In the Netherlands, a mobile support service worked closely with universities and devoted 3% of the revenue budget to vocational training and higher education. Completing this partnership training is a route to promotion for workers in the service.
- In Portugal, a Housing First service aimed at facilitating competence development amongst staff, through “shoulder to shoulder” training, i.e. internal debate and reflection among staff.
- In Slovenia, the example service organises yearly educational trips to similar organisations abroad, designed to enable the employees to enrich their knowledge and promote cohesion in the staff team.

In Italy<sup>38</sup> and the UK<sup>39</sup>, two NGO-led associations of Housing First service providers have exercised the promotion of Housing First through the provision of national level training events, seminars and conferences, and since COVID 19, webinars. The Housing First Europe Hub, which has links with national level providers in multiple countries, provides pan European training and guidance on Housing First<sup>40</sup>.

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<sup>38</sup> <http://www.housingfirstitalia.org>

<sup>39</sup> <https://hfe.homeless.org.uk>

<sup>40</sup> <https://housingfirsteurope.eu/>

## 6.4 Delivering support

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The predominant approaches to support work were based on a recovery and a case management-based approach. Some mobile support services that were not identified as Housing First services operated within what was described as a Housing First framework, including the Danish and Finnish<sup>41</sup> examples. These services and the services directly identifying as Housing First followed a shared set of core principles, which can be summarised as:

- Housing is a human right
- Choice and control for service users
- Separation of housing and treatment
- Recovery orientation
- Harm reduction
- Active engagement without coercion
- Person centred planning
- Flexible support for as long as is required<sup>42</sup>

Exact fidelity to the Housing First model was not always present and it is debatable – and indeed the subject of live debate – how close to the original Tsemberis model Housing First has to be in order to be defined as Housing First<sup>43</sup>. Recent research has also indicated that there is a delicate balance between pursuit of fidelity and logical adaptation to operational circumstances that can both be very different from those in which the original service was developed, and which also vary between different European countries<sup>44</sup>. Among the examples of services provided by the respondents, the Portuguese and Polish Housing First services were described as having high fidelity to the original model, with the Polish service being close to an ACT/ICM model, a very high-fidelity approach also seen in France.

The operational practice for the mobile support services that were not identified as Housing First was more variable. This could be a mix of lower intensity case management and practical and emotional support, a mobile extension of the kind

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<sup>41</sup> The Finnish example working within the Finnish, rather than North American, model of 'Housing First', see: <https://ysaatio.fi/en/housing-first-finland>.

<sup>42</sup> <https://housingfirsteurope.eu/guide/core-principles-housing-first/>.

<sup>43</sup> Greenwood, R.M., Bernad, R., Aubry, T. and Agha, A. (2018) A Study of Programme Fidelity in European and North American Housing First Programmes: Findings, Adaptations, and Future Directions, *European Journal of Homelessness* 12(3) pp.275-299.

<sup>44</sup> Pleace, N. *et al.* (2019) *Op. cit.*

of support worker support found within supported housing (for mobile services that were tethered to supported housing) or what could be quite light touch services. Support could include help with housing needs, support needs, daily living skills, financial needs and social needs, including social integration.

## 6.5 Managing services

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Data on staffing ratios were not always available, but not all the mobile support/housing-led and Housing First services had the same practice. Some lower intensity services had a comparatively low number of staff relative to the number of people they supported, others, including the Housing First services worked to deliver a specific range of hours in support to the people they were working with each week. In one instance, a service sought contract between support workers and individuals that was between six to eight hours a week. A worker might be supporting between six to eight, or 10 to 15 people, depending on the structure of the service and the needs of the formerly homeless people who were receiving their assistance.

A mix of management arrangements were used, reflecting the structures in which the examples of mobile, housing-led and Housing First services worked. Some services were freestanding and had their own administrative systems, others were part of larger NGOs and integrated within wider management structures, while mobile support tethered to supported housing tended to be managed by that supported housing. Management tended to involve people with professional qualifications working within formalised structures that offered regular supervision and team meetings.

While services tended to focus on lone adults, often with more complex needs, there were also mobile support services, including lower intensity support, that was designed to work with a wider range of people, including homeless families. Some services, one example being the Finnish one, worked through enabling mobile workers to exercise a high degree of autonomy, trusting and supporting them to organise their own time, while ensuring that support and monitoring were also available.

Use of volunteers was not widespread. The definition of 'volunteer' becomes important in some mobile support services where part of the model is the encouragement of people using the service, experts by experience, to take on peer support and 'buddy' roles as a part of service delivery and the use of external volunteers. While part of the original model, peer support in Housing First in Europe ranges from being integral to service delivery to effectively non-existent. In terms of external volunteers, the extent of use varied, some services used them and others did not and there were examples of volunteers helping services to run by handling administrative and routine tasks, enabling paid staff to focus on the people requiring support.

## 6.6 Staffing issues

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Issues with resource levels, precarity of funding and employment, recruitment and retention were again raised in relation to some of these services, echoing some of the findings reported in Chapters 3, 4 and 5. Working conditions in mobile support services could vary markedly, with some staff being in much more secure and much better paid positions depending on how the service was organised and where it was operating. Burnout could occur but was more likely to be reported in those mobile services that had relatively limited resources. Services tried to counteract these risks with the right mix of supervision and support arrangements for staff.

Challenges were identified around meeting the complexity of the support needs among some homeless people, when relevant, specialised skills are not always present in a team. In some cases, support needs among some homeless people were reported as becoming increasingly complex, with more people appearing with more complex needs than used to be the case. In some cases, this was thought to be linked to external changes in other forms of service provision, such as cuts to mental health services. If a mobile support service that was relatively low intensity and which had a broad skillset, but not the specialist knowledge required to work with people, for example, presenting with problematic drug use and a psychiatric diagnosis, this could be a problem, particularly if there were challenges around coordinating with mental health, health and social care services. For other services, such as the examples of Housing First, this should have been less of an issue because the service model is designed for people with those sorts of needs, with the caveat that Housing First is not designed to work in isolation, it still requires collaboration from other services, including health.

Some of the mobile services provided as examples by the respondents were also experiencing a period of transition. One example of this was tethered services that had been working with a supported housing service, undertaking a wider or independent operational role, i.e. expanding to take referrals from other sources and/or direct applications for support from homeless people, which could involve shifting closer to a housing-led/first model. Shifts in operational direction could be stressful for staff who were used to performing their roles in a specific way.

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## 7. The Effects of COVID 19

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### 7.1 Introduction

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The effects of COVID 19 are still ongoing at the time of writing. For homelessness services and their staff, the main impact may be a shift away from using fixed site, 'shared-air' communal services, with shared living and sleeping spaces. Public health research has highlighted the massive challenges in containing COVID 19 in services where many people are breathing each other's air for sustained periods<sup>45</sup>.

Some countries have mobilised resources to effectively end, or drastically reduce, rough sleeping. While rough sleeping is often only a fraction of total homelessness<sup>46</sup>, this public health response has shown that with sufficient political will backed by the resources of a State, solutions to rough sleeping are practical<sup>47</sup>.

A pandemic cannot be contained if homeless people are living in services in which many people continually share the same air, or if there is a population, at least some of whom will have pre-existing conditions that increase risk of serious illness, who cannot self-isolate because they do not have access to self-contained housing.

Policy shifts towards homelessness prevention and towards greater use of housing-led and Housing First services, already in train prior to the onset of the virus, may be accelerated because of it. It is not possible, as this report is being written to guess at what the World might look like by the end of 2021. However, the longer and more serious the pandemic proves to be, the more the chances that communal forms of homelessness service, with their heightened risk of contagion from shared

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<sup>45</sup> Culhane, D., Treglia, D., Steif, K., Kuhn, R. and Byrne, T. (2020) *Estimated Emergency and Observational/quarantine Capacity Need for the US Homeless Population Related to COVID-19 Exposure by County; Projected Hospitalizations, Intensive Care Units and Mortality* <https://escholarship.org/uc/item/9g0992bm>; Baggett, T., Keyes, M., Sporn, N. and Gaeta, J.M. (2020) Prevalence of SARS-CoV-2 Infection in Residents of a Large Homeless Shelter in Boston, *Journal of the American Medical Association* 323 pp.2191–2192.

<sup>46</sup> Busch-Geertsema, V. *et al.* (2014) Op. cit.

<sup>47</sup> <https://www.gov.uk/government/news/105-million-to-keep-rough-sleepers-safe-and-off-the-streets-during-coronavirus-pandemic>.

living and sleeping space<sup>48</sup>, will come under pressure, while the public health imperative to prevent rough sleeping happening at scale and on a sustained basis will become stronger and stronger<sup>49</sup>.

This chapter looks at the immediate effects of the virus on the staffing and management of homelessness services in Europe. Data were collected at a point when the virus was thought to be in retreat as the result of widespread lockdowns, but levels of infection started to peak again in many countries as this report is being written.

## 7.2 The impacts of COVID 19 on staffing and delivery of homelessness services

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In **Belgium**, mass testing of people working and living in homelessness services was combined with specific programmes of financial support for the homelessness and other NGO sectors in the Brussels region. In Brussels itself, emergency shelters remained open but with this testing in place and operating at a reduced capacity to try to manage the risk of infection. Initial challenges included a lack of personal protective equipment (PPE) for staff working in these services. Supported housing services closed their doors to new residents and tried to create safe environments, while housing led services and Housing First stayed in contact with the users via Videocalls, SMS and WhatsApp, with no home visits being made. Separate service provision was organised for homeless people who were suspected, or had developed, cases of COVID 19. Initially, testing was not sufficiently developed to be able to accurately filter homeless people who were and who were not infected, meaning that 'suspected' cases were moved into the COVID 19 designated homelessness services. Outbreaks had not been widespread and as PPE began to be more effectively distributed, levels in the homelessness sector fell. Unregulated services and spaces in which homeless people congregated also saw some outbreaks. The Walloon government initially made additional funding available to the homelessness sector, but some emergency shelters had to close because enforcement of social distancing was reported as not being possible, some services rotated teams of workers to lessen the risks that staff would be infected. Supported housing remained open, but screened and quarantined new residents. Some services were replaced by socially distanced tents, for example the night shelter in

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<sup>48</sup> Lewer, D., Braithwaite, I., Bullock, M., Eyre, M.T., White, P.J., Aldridge, R.W., Story, A. and Hayward, A.C. (2020) COVID-19 Among People Experiencing Homelessness in England: A Modelling Study, *The Lancet Respiratory Medicine* [https://doi.org/10.1016/S2213-2600\(20\)30396-9](https://doi.org/10.1016/S2213-2600(20)30396-9).

<sup>49</sup> Parsell, C., Clarke, A. and Kuskoff, E. (2020) Understanding Responses to Homelessness during COVID-19: An Examination of Australia, *Housing Studies* <https://doi.org/10.1080/02673037.2020.1829564>.

Liège. Ghent offered hotel rooms to homeless people and reported some positive results. Levels of stress among people working in the homelessness sector across Belgium were reported to have increased.

**Croatian** experience was one of increased workload with reduced availability of staffing in homelessness services. Staff who were at heightened risk from COVID 19 were taken off rotation and others had to cover the time. The Zagreb daycentre had to be closed, shifting the work that it did into outreach. While the pressures of the pandemic were ongoing there were also cuts to the budgets of some homelessness services. Major outbreaks had not occurred in homelessness services at the time the data for this research were collected.

In the **Czech Republic**, a state of emergency was declared in relation to homelessness services, led by the national government. Bans were placed on any public service activity that grouped 30 or more homeless people in the same space, while the Ministry of Labour and Social Affairs recommended emergency shelters to shift from overnight to 24-hour operation. Across the homelessness sector, including supported housing, limitations were placed on the admission of new service users and separate capacity to isolate individuals who presented with possible COVID 19 symptoms was made available. Additional, emergency provision was made available through use of 'tent cities', taking over hotels and empty hostels, with this activity being particularly concentrated on Prague. It was reported that considerable additional pressure was placed on people working in the homelessness sector while these changes were implemented.

In **Denmark**, protocols in homelessness services were changed to emphasise hygiene among staff, people using services and where applicable, the cleaning of common areas. Physical contact between staff and homeless people using services was reduced. Homelessness services remained open during lockdown, staff continuing to work when many people were confined to their own homes. Staff experienced stress and tensions because of fears around taking the virus home with them and placing their families at risk. People using services were also reported as being concerned that, commuting between home and work, staff might bring the virus into services like supported housing. At the time data were collected, an emphasis on increased hygiene and social distancing seemed to have resulted in only a small number of cases being recorded. While there are exceptions, alongside quite widespread use of housing-led/first services, most Danish homeless shelters offer homeless people their own rooms.

In **Finland**, collaboration across the homelessness sector, which in the context of the national, integrated homelessness strategy is described as extensive<sup>50</sup>, was reported as being further intensified. Some increases in rough sleeping were reported, linked to closures of communal daycentre services and outreach teams came under increased pressure. Winter provision of emergency shelter was extended. Staff were concerned about coming to work and, as in Belgium, there were initially problems with securing sufficient PPE, as some staff became ill, pressure increased on others and additional staff were taken on. Supported housing services went into quarantine, which included restricting visits to a congregate Housing First service, where residents have their own self-contained apartments, described as a radical decision. Use of PPE and social distancing enabled housing-led services to remain operational. As in Denmark, major outbreaks were not reported when data were collected and, again, much of the Finnish service provision already provided people with their own rooms and apartments.

**German** experience was not one of significant outbreaks of COVID among people using homelessness services, but there were – again – issues with getting sufficient PPE to homelessness services during the initial stages of the pandemic. Controversy was reported that homelessness services were not prioritised for PPE, unlike services working with other groups who could have high and complex needs. Staff faced challenges encountered by many people, such as childcare when schools and kindergarten were closed. Some homelessness services took older staff and those at heightened risk from the virus off rotation, increasing pressure on the remaining staff. In respect of some mobile, housing-led services, there was a greater emphasis on meeting people outside, rather than in their homes. Operational challenges emerged as general pressure increased on State services, with homeless people needing assistance with welfare benefits, for example, facing longer waits because of the wider impacts of the pandemic on public bureaucracy. Major outbreaks had not occurred in homelessness services at the time that data were collected.

In **Greece**, shortfalls in staffing in homelessness services became acute because of use of compulsory leave to try to contain the spread of the virus, with working from home increasing the challenges in working to support homeless people. People who continued to work were reported as coming under very high pressure and some, communal, homelessness services were closed down to prevent transmission of the virus. Emergency shelters remained open, with attempts to increase hygiene reportedly being made in the face of increasing levels of need. Other services were also impacted from the requirement for many staff to work at home. Again, there had been no reports of major outbreaks in Greek services when data were collected.

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<sup>50</sup> Allen, M. *et al.* (2020) *Op. cit.*

**Hungarian** homelessness services sent home staff who were at heightened risk because of their age, underlying conditions or circumstances, including older people, those with a pre-existing condition and lone parents with small children. Staff worked reduced hours to lessen the risk of infection in some services, but hours were extended in emergency shelters, while services such as counselling were shifted online where possible. As in the Czech Republic<sup>51</sup>, emergency shelters that were usually only open at night moved to 24-hour operation. As sleeping and living spaces were shared when someone was infected a whole service had to go into lockdown. Staff had to maintain the physical morale and wellbeing of homeless people in services that went into lockdown. Some 'dry' services reduced their regulations around the use of alcohol and tobacco during lockdown. Online counselling and support were offered to staff. In some elements of the homelessness sector, staff were offered a salary bonus to remain on duty. It was reported that some staff had become physically and mentally exhausted by increased pressure and hours. As in many other countries, there were logistical problems in securing sufficient PPE for the homelessness sector in the initial stages of the pandemic and a lack of clear operational guidance from government was reported.

In **Italy**, no central government guidelines were issued around how the homelessness sector should operate, which meant individual services and NGOs developed their own protocols. The main challenges were managing admissions to services and how to isolate someone using a service, if they became infected. Emergency shelters that usually operated overnight, as in the Czech Republic and Greece, shifted to 24-hour operation with staff working in shifts. Back office, i.e. administrative functions, that could be handled remotely were moved online by some homelessness services. Social distancing measures were also introduced in services that remained open and Housing First services shifted to online and telephone communication with service users, in one instance social media was used to enable those using and delivering a service to communicate as a group, although home visits were not suspended in all circumstances. No major outbreaks were reported at the time of data collection.

The **Netherlands** government declared that homelessness services and services for women at risk of domestic violence and abuse were 'essential' in the early stages of the pandemic. Schools and childcare services remained open for workers who were employed in essential services, enabling staff who were parents to keep working in homelessness services and to commute on public transportation. Sector wide guidance and protocols were established and widely shared. Some of the larger, communal, emergency shelters with shared living/sleeping spaces were

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<sup>51</sup> In the Czech Republic it was recommended, but not required, for emergency shelters to shift to 24 hour operation (see above).

closed down and the people who were resident in them transferred to hotels, the physical structure of other services was reorganised to enable social distancing, which usually meant a reduction in capacity, emergency shelter space was created by using sports halls, boats, hotels, convents and caravans. As in Belgium, specific spaces were created for homeless people with a COVID 19 diagnosis. Significant additional funding was provided by central government, which also commissioned research to explore the ways in which the shelter system might be restructured, which recommended further use of housing-led/first services. Significant further investment in the homelessness sector from national government was anticipated at the time that data were collected. Infection levels were very low across the homelessness sector when data were collected.

The **Polish** homelessness sector was described as modifying working practices in the face of the pandemic. Reductions in contact time between staff and people using homelessness services and increased use of online working were reported. New service users were screened for symptoms of the virus, there was an increased emphasis on hygiene, social distancing and other measures, although some services found it difficult to find space in which to isolate people who had a COVID 19 diagnosis. As in Hungary, infections could lead to an entire service having to enter lockdown. Financial pressure on homelessness services that already had limited resources increased, without any additional financial assistance being provided by central government. Shortages in testing equipment and PPE were reported at the time of data collection and services were also encountering issues in securing additional space where they required it. The health and wellbeing of staff and homeless people using services was reported as being under increasing pressure.

In **Portugal**, raised awareness of the work of the homelessness sector was reported as a beneficial effect of the pandemic, centred on the ability to very rapidly accommodate over 500 homeless people who had been defined as difficult to reach and house, prior to the outbreak. As in some other countries, emergency shelters that operated overnight moved into 24-hour operation and pressures on staff within these services increased. It was reported that the goodwill and commitment of staff that had enabled a rapid response to rough sleeping and to successful management of the virus within homelessness service had limits and that the sustainability of the response the homelessness sector had been able to deliver was coming under question. Some services, including Housing First, were being expanded at the time of data collection and the role of housing-led services in managing the pandemic, in preference to communal service responses with shared living and sleeping spaces, was being discussed.

Impacts on **Slovenian** homelessness services were not described as being extensive at the time that data were collected. Staffing in these services was arranged on a long-term basis and challenges in managing the virus were reported as having been met. Social distancing rules were implemented along with protocols around cleaning.

In **Spain**, multiple effects on homelessness services from the pandemic were reported. As in some other countries, staff at heightened risk from the virus were sent home, placing increased pressure on those staff who remained. The internal operation of some services had to be modified, e.g. numbers eating or using bathroom facilities at any point had to be reduced to ensure social distancing. Loss of employment had an adverse impact on some homeless people who were using services and working. Some emergency shelters could not implement sufficient social distancing or effectively implement the right hygienic regimes and had to close, but others had to expand the numbers of people they were working with.

**British** experience was mixed. There was a sudden and large influx of extra resources into the homelessness sector intended to immediately end rough sleeping, which in England alone placed some 15000 people living rough into a mixture of hotels and other temporary accommodation. Initially, the homelessness sector in a wider sense was largely left to cope on its own, and in common with several other countries experienced significant challenges in securing sufficient PPE during the earlier stage of the pandemic as what supplies government could secure were directed to the National Health Service. Use of communal emergency shelters is less widespread than in some other countries, but where these services were being used, they were closed down and their residents also moved into hotels and other temporary accommodation. Larger NGOs were able to manage staff sickness by using redeployment and volunteering arrangements, but major outbreaks had not occurred either among staff or residents in homelessness services. As in Denmark, many fixed site services provide homeless people with their own rooms and studio apartments and there is also quite extensive use of housing-led and Housing First services.

The homelessness sector was generally meeting the challenges of the virus when the data were collected for this research. The mass COVID 19 infections reported in communal shelters in the USA<sup>52</sup> had not yet occurred in Europe and several of the countries using these services had either modified them or closed them down, usually very quickly, as the scale and seriousness of the pandemic had become clear. In some countries, the pandemic had prompted sudden additional investment in the homelessness sector from government, the Netherlands and the UK both being examples, although in the latter case this additional investment was only

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<sup>52</sup> Culhane, D.P. *et al.* (2020) Op. cit.

focused on people living rough and occurred after a decade of deep cuts to the sector. In some instances, Poland being an example, a homelessness sector that was already under strain came under further pressure. Countries in which significant levels of homeless service provision were communal, usually in the form of emergency and longer stay shelters, were under the greatest pressure because the inherent risks of infection in those services was much higher than was the case where the bulk of homelessness services provided individual rooms or studio apartments and use of housing-led and Housing First services was extensive.

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## 8. Discussion

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### 8.1 Introduction

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This final section of the report considers the findings from the research. There is a discussion of the utility of attempts at comparisons between 'types' of homelessness service in relation to staffing issues, when each categorisation of service can encompass widely divergent services depending on which countries are being talked about. It is argued that while some direct country-by-country comparisons mean looking at services that are so divergent that the exercise becomes illogical, there are wider patterns in service provision and associated staffing practice and issues at European level that are useful to understand. This is followed by consideration of the wider findings of the research, highlighting widely shared challenges for the homelessness sector as a whole.

### 8.2 The role of government and working conditions

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Pan European comparison of the staffing practices within homelessness services has some practical limits. Communal emergency and long-stay shelters are the core of homelessness service provision in some countries while they have become marginal in others. Housing First is growing in influence, but staircase or linear residential treatment models of service provision also endure, as earlier research in this series also showed<sup>53</sup>. This means that working conditions and the nature of jobs in the homelessness sector can vary markedly between countries.

For staff working in homelessness services, greater state involvement in directing and, particularly, in providing significant resources for, a national homelessness strategy, reduces the risk that they will be experiencing insecure and challenging work for low pay with high levels of stress. When government in a European country with high GDP takes responsibility for financing homelessness services within the context of an integrated strategy, resources tend to be greater and more predictable and that is reflected in typically better employment conditions. By contrast, when national, regional and local governments have less resources, as in a country with lower GDP, resources might be predictable, but insufficient, meaning that staff may experience more stressful and difficult working conditions for lower pay. In those countries where government plays a limited role in responding to homeless-

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<sup>53</sup> Pleace, N. *et al.* (2018) *Op. cit.*

ness and provides few resources, staff are more likely to be insecure, poorly paid and subject to stress and burnout. When government is heavily invested in the homelessness sector, in financial and policy terms, conditions in the homelessness sector improve for staff, in part because of their own security and income, but also because they have the resources and tools available to do their jobs well. It is probably not without reason that stress on staff was not as widespread in Denmark and Finland than in some other countries.

The interrelationships between service type and the experience of working in the homelessness sector were not really possible to judge using this methodology. One possibility is that working in a service that is relatively more effective, such as well-resourced supported housing or a Housing First service, which is able to house most of the people it works with on a sustainable basis would give a greater sense of job satisfaction. By contrast, working somewhere which had less effect on homelessness and saw the same people caught in cycles of long-term or repeat homelessness that were never resolved would be expected to be more stressful. However, exploring this question would require more detailed, qualitative, analysis than is possible using a comparative questionnaire.

### **8.3 Shared challenges**

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Homelessness services are still often 'Cinderella' services, i.e. underappreciated, running with less resources, less prestige and less recognition than is the case for some other sectors working with people who can have high and complex needs, or who, at the very least, are experiencing one of the greatest extremes of poverty and marginalisation that can exist in European society. Lower wages, greater insecurity, poor resources and a sense of precarity are too often the experience of staff working in the homelessness sector of Europe. Working in homelessness services can bring a lot of rewards on multiple levels, but it can also be a stressful, low waged and challenging experience, and as this research shows, burnout, high staff turnover and challenges in recruiting staff were often reported.

The virus has highlighted wider housing inequalities and homelessness itself, has shown the strengths of homelessness services and the importance of the work that they do and, albeit driven by wider public health concerns than a sudden, sincere urge to end homelessness, it has shown several governments that investing more heavily in homelessness services can, indeed, end homelessness. It is important to try to capitalise on what the homelessness sector has achieved and not lose the momentum that has changed perceptions of what homelessness services do, not least because the investment that may come from this will improve pay, terms and conditions for staff who are often overworked and underappreciated.

When the new normal will emerge, what it will look like and whether it will be significantly different, on a sustained basis, or just take the form of a slow reset to the way the World worked in 2019, is something that can only be speculated about at the time of writing, with a very real risk of failing to predict with any accuracy what will actually happen. If the virus endures the pressure on fixed site, communal and congregate services, already under pressure from movements towards prevention and housing-led and Housing First services, will intensify.

Many services showed resilience, for example the emergency shelters shifting from night time operation to 24-hour opening and reorganising their internal space and procedures in ways that meant they did not experience outbreaks. Equally some communal supported housing was able to remain operational too. However, these services are *inherently* risky, any enclosed space where a group of people share the same air, which is accessible in some way from the outside world is risky, because it is evident that the risks from COVID 19 centre on the airborne nature of the virus. By contrast, a service in which people have their own rooms or apartments is less risky, but these services, in turn are more expensive to operate and implement than using ordinary housing and mobile support, be it housing led or Housing First, coupled with the evidence that, specifically in terms of ending homelessness<sup>54</sup>, Housing First is generally more effective for people with high and complex needs. This means that for staff in the homelessness sector, there could be many changes in the way in which they work and the type of services they work for. People working in 'shared-air' shelters and supported housing may find that these services start to be closed down or extensively modified, so that they may experience loss of employment or the nature of the work they do changing. Job opportunities in the homelessness sector may become increasingly concentrated in services that use mobile support and ordinary housing, i.e. housing-led and Housing First services, while shelter and communal/congregate homelessness services become less common. Importantly, the virus may only be an accelerant to trends that were in place anyway, linked to greater effectiveness in ending homelessness, the anticipated cost savings to public expenditure from housing-led and Housing First interventions, compared to fixed site, congregate and communal shelters and supported housing has long been an important factor in explaining why these services are becoming more widespread<sup>55</sup>.

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<sup>54</sup> Aubry, T. (2020) Analysis of Housing First as a Practical and Policy Relevant Intervention: The Current State of Knowledge and Future Directions for Research, *European Journal of Homelessness* 14(1) pp.13-26.

<sup>55</sup> Pleace, N. (2011) The Ambiguities, Limits and Risks of Housing First from a European Perspective, *European Journal of Homelessness* 5(2) pp.113-127.

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This means the nature of employment in the homelessness sector may be subject to change and that the change, because of the impact of the virus, will be more rapid and far reaching than would have otherwise been the case. There will be casualties. People who have been working in set ways for years, sometimes decades, may have to adapt to new practices that while they may be rewarding for some, will be challenging or even unendurable to others. Resources will be redirected, which will create new opportunities, but put the jobs of other people working in other homelessness services at risk.

Opportunities for training and professional development in the homelessness sector become all the more important in this context. Building professional qualifications in homelessness, particularly for the newer forms of homelessness service, to mirror the kinds of training available to social workers and other care and support professionals, both within individual countries and perhaps on a pan-European level would also be a positive development. This is something that may become more feasible and practical because there is a new kind of 'standardisation' happening with services like Housing First, which while they must be adapted to local circumstances and need, are a consistently defined service model. Homelessness services have always been a mix of amateur, volunteer, semi-professional and professional, both within individual European countries and across Europe as a whole. As we face the consequences of COVID and other pressures that may mean that the homelessness sector experiences major changes, promoting practices and structures that enable those working within homelessness, or who wish to do so, to have clear paths to high standard training may be a route to better working conditions and a stronger and more resilient future for European homelessness services.

Managing change, through consultation, through support and by maximising the potential for staff to transition to new roles as the nature of homelessness services changes should be a priority. Alongside this, the importance of homelessness services and the challenges that people who work in those services face and the sacrifices they make in meeting those challenges needs far more recognition.

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# Staffing Homelessness Services in Europe

This comparative report on staffing issues in homelessness services is one of a series looking at the nature, extent and operation of services in Europe. The report looks at the experience of staff working in homelessness services, the challenges they face and the ways in which they respond. The research was conducted as the COVID 19 pandemic struck and explores the initial impact of the virus on the staffing and delivery of European homelessness services and considers what the impacts of the virus on homelessness services may be. This report is the tenth 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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