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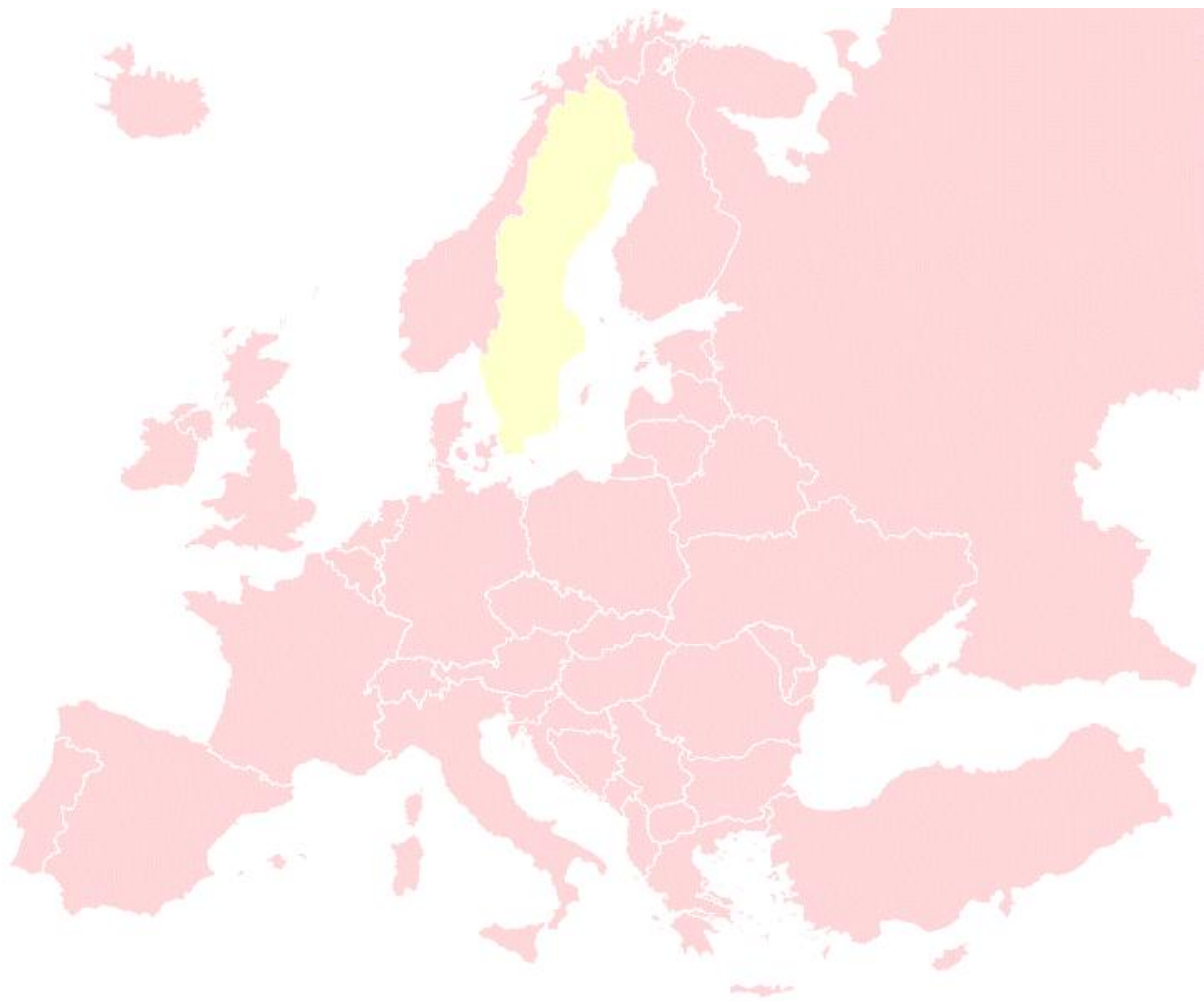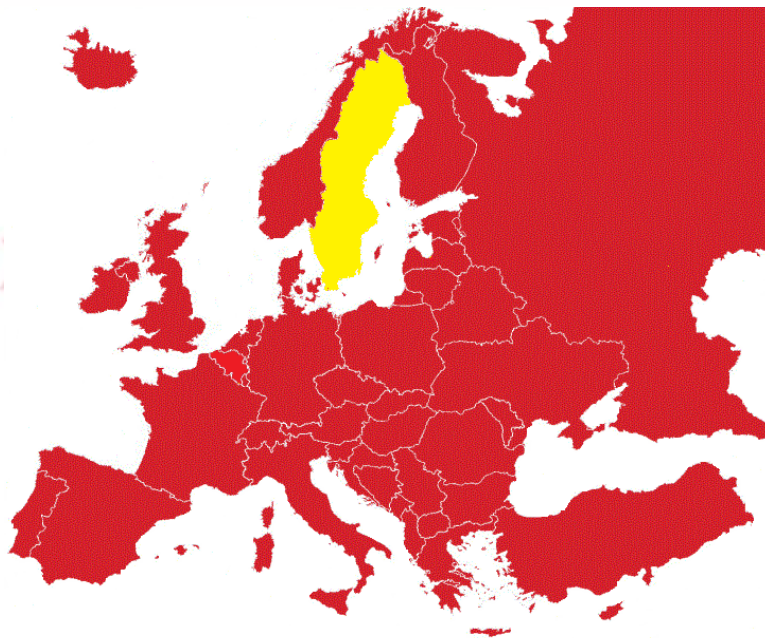
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PEER REVIEW ON HOMELESSNESS POLICIES IN GOTHENBURG CITY (SWEDEN)

HABITACT PEER REVIEW 2011

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PEER REVIEW on Homelessness Policies in Gothenburg Discussion Paper

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1. Introduction

Over the last decades changing forms of governance have been identified in the field of homelessness policies and social policies in general. In many countries responsibilities for tackling homelessness increasingly have been transferred to local authorities and efforts have been made to mobilise local stakeholders such as municipalities, regional authorities, NGOs, housing providers, etc. (Busch-Geertsema et al. 2010). This tendency can also be identified in the national homelessness strategies which have been adopted in many countries mainly in Northern and Western Europe. In the last years the financial crisis has put strains on national governments and the pressure towards local responses to homelessness is increasing.

Increased focus on homelessness has emerged also at EU level. This reflects not only an increased focus on the social inclusion of vulnerable groups but also that new challenges transgressing the boundaries of the national states emerge, such as the situation of new migrants within the European Union. The European Parliament in 2008 adopted a Written Declaration on ending street homelessness, asking EU countries to agree on a commitment to end street homelessness by 2015. In 2009, homelessness was the focus of policy exchanges within the EU social protection and social inclusion strategy, as the Social Affairs ministers of the 27 EU countries renewed their call for concerted EU action on homelessness. In 2010 combating poor housing and housing exclusion was one of six key priorities in the framework of the European Year for Combating Poverty and Social Exclusion together with promoting the social inclusion of vulnerable groups. In December 2010, a European Consensus Conference on homelessness was held in Brussels. In its policy recommendations the jury concludes that "EU-level policy co-ordination in the area of homelessness in the framework of the Social OMC has enhanced and added value to efforts at national, regional and local level over the past ten years. This has created a body of knowledge and infrastructure that can be built upon. Further progress necessitates continued and strengthened EU-level involvement in the fight against homelessness. The jury therefore calls for the development of an ambitious, integrated EU strategy, underpinned by national/regional strategies with the long-term aim of ending homelessness." (Jury, 2010, p.26)

The involvement of local, regional, national and supra-national levels in combating homelessness reflects that homelessness is a complex social phenomenon emerging in the interplay between structural barriers, social and housing policies and individual vulnerability factors. Local authorities do not always exercise control of the factors which affect the scale and character of homelessness. As centres of both economic and population growth many European cities face challenges in the field of housing supply. Also general social policies such as the level of social benefits are usually set at national level. However, such structural limitations only reinforce the pressure on cities to develop new and innovative solutions to tackle homelessness.

Along with the decentralisation of responsibilities and the mobilisation of local stakeholders the need for more research and information on tackling homelessness at local level is increasing. The interplay between housing and social policies and the challenges and experiences of implementing national strategy goals must be understood in the local context.

HABITACT, the European exchange forum on local homeless strategies, was launched with the support of FEANTSA in June 2009 by a core group of cities. The cities in the forum now include the following: Aarhus (Denmark), Amsterdam (Netherlands), Athens (Greece), Bärum (Norway), Copenhagen (Denmark), Dublin (Ireland), Esch-sur-Alzette (Luxemburg), Ghent (Belgium), Gothenburg (Sweden), Madrid (Spain), Odense (Denmark), Venice (Italy), and Vitoria-Gasteiz (Spain). In addition to the core network, HABITACT works closely with more than 100 municipalities around Europe. HABITACT's first aim is to develop European cooperation between local social policy administrations on tackling homelessness.

HABITACT peer reviews aim to build capacity of local policy-makers to effectively tackle homelessness at local level, and hence support the European exchanges within HABITACT with an evidence base for developing local homeless strategies. The focus of this peer review is local homelessness policies in the City of Gothenburg, Sweden. The aim of this peer review is to:

1. Identify, evaluate and disseminate good practice on the Gothenburg model;
2. Look at the implementation of the model on a practical level;
3. Assess whether and how good practice can be effectively transferred to other local authorities;
4. Provide a learning opportunity for cities throughout Europe about the implementation process or policy approaches and programmes in Gothenburg

To deal with these questions, we first look at the Swedish context and the characteristics of homelessness in Gothenburg. Then we describe the development and characteristics of the Gothenburg model, discuss transferability issues and challenges for the future and finally raise some key questions for the peer review.

2. Homelessness in Sweden and Gothenburg

Gothenburg is Sweden's second largest city with 512,000 inhabitants in the city municipality[1] and approx. 800,000 inhabitants in the metropolitan area. A comparison of homelessness in Scandinavian cities based on the most recent national homelessness counts shows that the level of homelessness in Gothenburg is comparable to the level in other Scandinavian cities.

Table 1: Homelessness in the largest municipalities in Scandinavia.

Total figures and per 1000 inhabitants (figures in parenthesis include an extended definition in Sweden)

Municipality	Country	Population	Homeless	Homeless pr 1000 inhabitants
Stockholm	Sweden	772,000	1783 (3863)	2.3 (5.0)
Oslo	Norway	575,000	1526	2.7
Copenhagen	Denmark	515,000	1494	2.9
Gothenburg	Sweden	458,000	1488 (2620)	3.1 (5.4)
Aarhus	Denmark	303,000	466	1.5
Malmö	Sweden	270,000	766 (945)	2.9 (3.5)
Bergen	Norway	251,000	669	2.7

Source: Socialstyrelsen (2006), Dyb & Johannessen (2009), Benjaminsen (2009)

In the latest Swedish national count a total of 2,620 individuals were registered as homeless in Gothenburg. The total figure for Sweden was 17,800 individuals.[2] Adjusting to a definition comparable to the counts in Norway and Denmark (by excluding individuals in longer-term supported accommodation and institutions) the figure for Gothenburg was 1,488 persons equivalent to 0.31 per cent of the municipal population. This figure was the highest relative number among the Scandinavian cities and higher than in the Swedish capital, Stockholm. It should be noted that the figures from the latest Swedish count (and corresponding population figures) are from 2005, whereas the figures for Denmark and Norway are from 2009 and 2008.

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[1] http://www4.goteborg.se/prod/G-info/statistik.nsf
[2] This figure approximately includes ETHOS categories 1, 2, 3, 4, 6, 7 and 8.1 (see appendix).

Social services in Sweden are provided within a decentralized structure where municipalities have the main responsibility for service provision within the framework of national law. Homelessness is not mentioned as such in the Law on Social Service (Socialtjänstloven) but the municipalities have responsibilities to care for groups such as children and youth, substance abusers, people with functional disabilities (physical, mental or other), the elderly etc. In practice, this means that municipalities have an obligation to provide accommodation for socially vulnerable groups. At the same time municipalities have widespread autonomy in the field of housing policies, for instance on whether and how to operate a municipal system of housing assignment and allocation.

In February 2007, the Swedish government adopted a national strategy to combat homelessness and exclusion from the housing market: "Homelessness – multiple faces, multiple responsibilities. A plan to implement the government's strategy to combat homelessness and exclusion from the housing market 2007–2009" (Swedish National Board of Health and Welfare, 2007). Four objectives were identified:

1. Everyone shall be guaranteed a roof over his/her head and be offered further co-ordinated action based on the needs of the individual.
2. There shall be a reduction in the number of women and men who are in prison or at a treatment unit, or have supported accommodation and who do not have any housing arranged before being discharged or released.
3. Entry into the ordinary housing market shall be facilitated for women and men who are in temporary and transitional, supported accommodation, provided by the social services or others.
4. The number of evictions shall decrease and no children shall be evicted.

3. Description of the Gothenburg model

History

Already in the beginning of the 1980s the City Council in Gothenburg decided to start phasing out 'social hotels' and shelters from the understanding that the social environment at these facilities actually worsened the situation for the residents. The social hotels and shelters at that time had a total of around 500 beds. The closing down started in 1985 and was completed in the early 1990s (City Parliament of Gothenburg, 2002, p.3).

As a replacement it was decided to create a decentralized alternative model in the form of a so-called housing ladder (boendetrappa) which has become known as the staircase model or staircase of transition (Sahlin, 2005). The staircase system was established during the 1990s and anchored in the municipal organisation AltBo which at that time was the main provider of supported housing in Gothenburg. Also some voluntary organizations built up housing ladder systems as a supplement to the municipal system.

The long-term aim of the staircase model was that homeless people should have their own housing or supported housing in the case of intensive care needs. Moreover, the intention was to provide care for substance users in a home environment. A key argument for the staircase model was to "reduce the need for recurrent institutional commitment for the target group of the homeless, by building up a housing ladder which addressed both the need for motivation and treatment for substance abusers, tied to the possibility to make a housing career on the housing ladder and reach an own contract on a flat or supported accommodation." (City Parliament of Gothenburg, 2002, p.3)

The first step on the housing ladder is short-time emergency housing, usually in the form of provision of an own room with shared bathrooms. The next steps are base stations which are collective drug-free housing units. Then comes various forms of transitional housing, training apartments and housing with a secondary contract. The final step on the housing ladder is an own apartment with a first hand contract.

When the Swedish social board conducted its second national homelessness count in 1999 it showed that 1,046 were homeless in Gothenburg - equivalent to 0.23 percent of the population, even at that time slightly higher figure than in Stockholm (0.21 percent).

Turning point

In the first decade of the 2000s a reorientation in policies took place. One important aspect was the emphasis to provide more long-term housing solutions. The change took place following an increased focus on possible unintentional consequences of the staircase approach which were discussed in official City documents (City Parliament of Gothenburg, 2002). For instance it was questioned whether the lower steps on the staircase (short term accommodation) actually increase the risk of dropping out of the system and falling back to rough sleeping rather than moving on to the next step on the housing ladder. The question was also raised whether many people ever made it to the upper level of the staircase as few actually made the step from the secondary housing market into regular flats with first hand contracts. A key element in new policy developments was to establish more long-term supported accommodation with an aim to provide a permanent housing solution to individuals with complex support needs earlier in the course of an intervention.

In 2002 the city council adapted an action plan with the title 'Action Plan for Raised Quality in Work for the Homeless in Gothenburg' (City Parliament of Gothenburg, 2002). Several measures were initiated over the next years following the plan. A mobile team which had been established on a trial basis 1½ years earlier was made permanent. Ten beds were established as emergency accommodation in connection to the base of the mobile team. A meeting place for homeless women was made permanent. A number of supported accommodation units were to be established with approximately 225 places/beds. This represented a significant increase in the number of places available as there were a total of 812 municipal places and 228 places run by voluntary organisations, dispersed over the different steps on the housing ladder. A number of the new places were to be aimed at specific groups – women and mentally ill substance users. At the same time there were also action points to improve cooperation among stakeholders, including voluntary organizations and landlords, and to improve competences on homelessness among welfare officers.

In 2007 a further need to establish more places in emergency accommodation was identified and it was decided to establish 10 more emergency places with access without prior referral. These places were established in 2008. (City Parliament of Gothenburg, 2009a). In 2009 it was concluded that 226 new places had been established following the 2002-plan (City Parliament of Gothenburg, 2009b). Meanwhile, 54 other places had been phased out due to out of date facilities. Most of the new accommodation places were established in units with 20-40 places. The largest of the new units has 102 places of which 62 places are short-term accommodation.

In 2010 a formal decision was taken by the municipality that homelessness policies shall be based on the Housing First approach. Already in 2003 an NGO based Housing First project was initiated by the 'City Mission' (Stadsmissionen) – a project which is still running. In this project about 100 individuals until now have been established in independent housing. Also the municipality has initiated a Housing First project. The municipal Housing First project now includes 26 individuals of whom 16 have been placed in independent housing. The ambition of the municipality is in cooperation with NGOs to further develop the Housing First projects with the aim that more homeless individuals shall be established in flats with their own contracts.

In the activity plan for 2010 the city's social resource department enumerates the total number of places of supported accommodation to more than 1,100 rooms/apartments (City Parliament of Gothenburg, 2010). These places are aimed at people who cannot access the ordinary housing market due to substance use or other psycho-social problems. An overview of the housing units shows that about 100 places are emergency/short term housing in 3 different units. 78 places are at 4 motivational units aimed at people with substance abuse. 135 places are in training flats in 7 different units. 104 places are with a secondary contract aiming at an eventual flat with own contract at a later stage. 172 places are in long-term housing in 7 different units. 195 other places are also long-term in 3 different units, and finally there are about 40 places in 6 different units particularly reserved for women organised in different steps from emergency housing, short-term housing, motivational housing, training flats to long-term housing.

The increase in the supply of long-term supported accommodation over the past decade has been accompanied by changes in the organisational structure. Alongside municipal supply also private and voluntary organisation have for a long time been providing supported housing for people with special housing and support needs. A few years ago a market for supply of supported housing has been established under a framework agreement covering both municipal, voluntary (non-profit) and private (for-profit) providers. An agency - 'upphandlingsbolaget' is responsible for referral under the framework agreement. An integrated information system has been established which gives information about

available places etc. with municipal, voluntary and private providers. An internet-based accommodation portal – the so-called 'The housing list' (Bolisten)[3] gives social workers the opportunity to find out easily which accommodation is available for their clients. The City estimates that a total of approximately 3,000 places (flats/rooms/beds) are available under the framework agreement and handled through this system.

In practice when an individual in a homelessness situation contacts a social office or is referred to a social adviser by other services, the social adviser has access to the accommodation portal to find housing solutions. Usually the first placement is short-term accommodation. Then within a few weeks the social adviser is to make an individual plan with the client about finding a longer term housing solution according to the situation of the individual. The housing is a given as a social assistance and is paid for by the municipality. Both municipal, NGO (non-profit) and private accommodation can be used.

4. Transferability issues

Housing markets and socially vulnerable individuals

The development of homelessness policies in Gothenburg illustrates some key challenges and dilemmas which can be recognised in many larger cities. Access to the regular housing market is often severely restricted for socially vulnerable individuals due to various reasons - a general shortage of affordable housing (private or public), the lack of allocation mechanisms targeting affordable housing towards vulnerable groups, and local selection mechanisms (formal or informal) favoring residents with more resources and effectively excluding socially vulnerable groups from regular housing.

Often cities exercise little control over local housing markets when for instance regulations, subsidies and allocation mechanisms are set at national level. Market forces can pose further barriers such as high prices of land, construction cost etc. Besides structural barriers also individual barriers to access regular housing of course remain. This leaves cities – responsible for social services – with the challenge of how to provide housing for socially vulnerable individuals who are excluded from regular housing either for structural or individual reasons or a combination of both. In the absence of long-term solutions of supported accommodation these individuals run a higher risk of being left to low-threshold emergency accommodation or even rough sleeping.

Models of housing and support

In the international research literature different models of housing and support are described. A distinction is between on one hand the Housing First model and on the other hand transitional models conceptualized as for instance the continuum-of-care model, the staircase of transition or the 'housing ready' model (see Tsemberis, 2004; Sahlin, 2005). The Housing First approach emphasizes the need to establish a secure housing solution early in the course of an intervention, whereas transitional approaches generally emphasise that individuals need to be stabilised and capable of living independently before permanent housing can be obtained and sustained. However, a dichotomous distinction between the Housing First model and the staircase model may be too narrow to capture variation in different support models. Following Sahlin (1996, 1998, 2005) and Harvey (1998), Dyb (2005) distinguishes between three models: the normalising model, the tiered model and the staircase of transition (see table below). The normalising model does not prescribe a normalisation of the individual, but rather a normalisation of the housing situation, following the Housing First approach. The tiered model describes a two stage model, where independent living is obtained after a phase in transitional housing following for instance a stay in a hostel. The staircase of transition as described above is a multistage process where the individual moves between a number of steps and where independent living is (only) for those who qualify.

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[3] http://www.bolistan.goteborg.se

Table 2: Three models of homelessness intervention

	The normalising model	The tiered model	Staircase of transition
Measure	Moving into independent living in ones own dwelling	Independent living after an intermediate phase from hostel etc. to independent living	Hierarchy/staircase of lodging and dwellings; independent living for those who qualify
Method	Individually designed support	Tiers of intervention during a settled intermediate phase before independent living	Differentiated system of sanctions based on withdrawal and expansion of rights and goods
Ideology	Homeless has the same need as other people, but need support to obtain a "life quality"	A negative circle is to be broken through gradually adapting to independent living	Homeless persons need to learn to live independently and not all will succeed

Source: Dyb (2005), based on Harvey (1998) and Sahlin (1996, 1998, 2005).

The Housing First approach emphasises the importance of stabilising the housing situation of the individual early in the course of an intervention in the form of an early permanent housing solution with the necessary individual social support to sustain a tenancy. The Housing First approach is supported by a growing number of randomised effect studies which generally show that chances of success of exiting homelessness are very high following the Housing First approach. Effect studies suggest that 80-85 per cent of formerly homeless individuals succeed in exiting homelessness following Housing First based interventions compared to only about 25-30 per cent in control groups receiving 'standard care'. It should however be mentioned, that such randomised trials have almost solely been carried out in the US and that 'standard care' mostly refers to use of emergency services in the shelter system.

The Housing First literature emphasises that housing should be provided in ordinary housing (public or private) in a way that scatters socially vulnerable individuals among other residents (Atherton et. al 2008). Typically a maximum of 10 per cent of people with complex support needs are considered crucial for success. The study population in the effect studies has usually been individuals with complex care needs such as substance users and individuals suffering from both substance use and mental illness (dual diagnosis). These studies suggest that given the proper individual social support most (though not all) individuals with complex care needs can be housed in regular housing. Individual support can be given through different methods such as ACT-teams, individual case management or critical time intervention, methods which have all been tested through randomized effect studies.

The impact of the staircase model

In the case of Gothenburg, the housing and support system which was built up in the 1990s officially followed a staircase model replacing the old system of social hotels and shelters.

In an analysis of the staircase model Sahlin (2005) explains the genesis of the staircase model in Sweden in relation to developments in general housing policies. According to Sahlin a deregulation of the Swedish public housing sector meant that allocation systems which previously assigned a certain part of vacant housing units according to needs have widely been abolished: 'While in 1990 every second municipality ran a housing assignment agency, in which housing allocation was organised according to waiting time and need (Sahlin, 1993), this applied to only 10 % in 1998 (Boverket, 1998) and 3 % (nine municipalities) in 2002 (Boverket, 2002).' (Sahlin 2005: 116). Municipalities still have the option to choose a 'traditional' assignment policy with waiting lists and priority housing to individuals with acute housing needs. However, most municipalities have locally deregulated their letting policies and practices, according to Sahlin partly "out of fear that housing estates will become 'residualised' – mainly inhabited of poor and marginalised households, and partly for economic reasons" (ibid.).

As a consequence of the deregulation of the housing market housing companies have gained widely autonomous control of who among applicants are desired as tenants, with the consequence that access to regular housing for vulnerable groups and people with complex needs have become very limited. According to Sahlin, the responsibility for provision of housing to vulnerable groups instead shifted to the social authorities. A secondary housing market evolved where social authorities rent flats and rooms and sublet to clients, often with rules of conduct and use of the flats, terms of monitoring and participation in training programmes etc. Parallel with the deregulation of the housing market, and partly as a consequence, the staircase model evolved as the most widespread way of organising homelessness housing provision in Sweden. As the Gothenburg case shows another driving force behind establishing the staircase system was the aim to link the motivational work with substance users to the possibility of making a housing career, and thereby making homeless substance abusers 'housing ready' through progression on the various steps of the staircase.

According to Sahlin, the staircase model has a number of unintended consequences. Based on statistical material, Sahlin (ibid.) argues that the staircase model shows no signs of reducing homelessness. On the contrary, the number of homeless individuals – not only housed within the staircase, but also outside the staircase system - is higher in municipalities using the staircase model than in municipalities not using the staircase model, and has generally been growing, together with strong growth in the size of the secondary housing market. This difference persists when controlling for population size, median income and whether there is a general housing surplus or shortage in the municipalities.

In a discussion of the staircase model Sahlin argues that the staircase model "intended to include homeless people in the regular housing market not only fails to achieve this goal but furthermore possibly worsens the situation for homeless people, and impairs their perceived 'capability of independent living'. A partial explanation of this paradox is that the staircase affects the discourse on homelessness by sustaining a system of control and training which implies and emphasises deficiencies among the homeless individuals. At the same time, through their criteria for and practice of exclusion, landlords ultimately determine who will be homeless. Put differently, by treating those who are excluded from the regular housing market as 'incapable' of being housed, local social authorities confirm, reinforce and legitimise the landlords" (Sahlin 2005: 130).

In the national strategy from 2007, the Swedish National Board of Health and Welfare concludes that "Research has shown that the more special solutions (for instance, various forms of accommodation, social contracts) are created in the municipalities, the greater the number who do not fit in on the ordinary housing market. Consequently, a need for further special solutions is created (...)" The national board also raises the question whether there is a risk that the social services increasingly end up being too dependent on the property owners? (Swedish National Board of Health and Welfare, 2007: p.14).

Gothenburg: a model in transition

As discussed in the previous section a 'turn' in homelessness policies in Gothenburg can be identified over the last decade. This change represents a move away from the strong version of the staircase model. Instead the need to provide more long-term solutions has been emphasised, followed by an investment in new long-term accommodation units aimed at different groups with complex problems. This turn which in practice has been underway for a long period was formalised with the decision in 2010 by the municipality to aim for a Housing First based approach to homelessness.

However, the Gothenburg model diverges from the Housing First model in the original sense where housing is mainly provided within the regular housing stock with floating support (Tsemberis, 2004). Apart from the relatively small scale Housing First projects operated by the City Mission and the municipality, the supported housing system in Gothenburg mainly relies on 'category' housing. Category housing can be described as units with a smaller number of flats/rooms assigned mainly to the same 'category' of people e.g. substance abusers, mentally ill substance abusers, or particular subgroups such as women or older substance users. However, emphasising that a permanent housing solution should be established earlier in an intervention course, the change over the last years represents a move away from the staircase model.

In the literature there is discussion about the provision of category housing. In a discussion of recent developments Löfstrand (2010) argues, that "in transforming the special-housing units into a permanent living arrangement, the new model fails to provide a mechanism by which homeless clients can re-establish themselves on the regular housing market, offering no real pathway out of homelessness" (p.29).

Another argument which has been brought forward is that category housing runs the risk of negative synergy effects as many individuals with similar problems are brought together in the same housing units rather than being scattered among other residents in ordinary housing.

Herein lie the fundamental challenges and dilemmas which characterises the situation in many large cities: To what extent is it possible to house homeless people in ordinary housing? Does a lack of (affordable) housing or a lack of specialised individual support prevent some individuals from living in ordinary housing (individuals who might otherwise succeed in doing so with the adequate support)? And what are the alternatives for individuals who cannot succeed in independent living even when there is access to housing and support?

The situation in Gothenburg is characterised by relatively strong structural barriers for access to ordinary housing. This may reinforce the need for alternative housing for individuals who do not succeed in accessing regular housing. However, given such barriers, the Gothenburg model provides examples of how smaller units of long-term supported accommodation can be established and how access to such units can be facilitated. This means that individuals who otherwise would be at high risk of sleeping rough or use short-term emergency accommodation are instead housed in long-term supported accommodation facilities.

The Gothenburg case also provides an important example of how an online information system can provide social workers with an easy overview of which places are available and to what client groups the available places are targeted.

Another important aspect is how the system covers both private and public service providers (covered by the framework agreement).
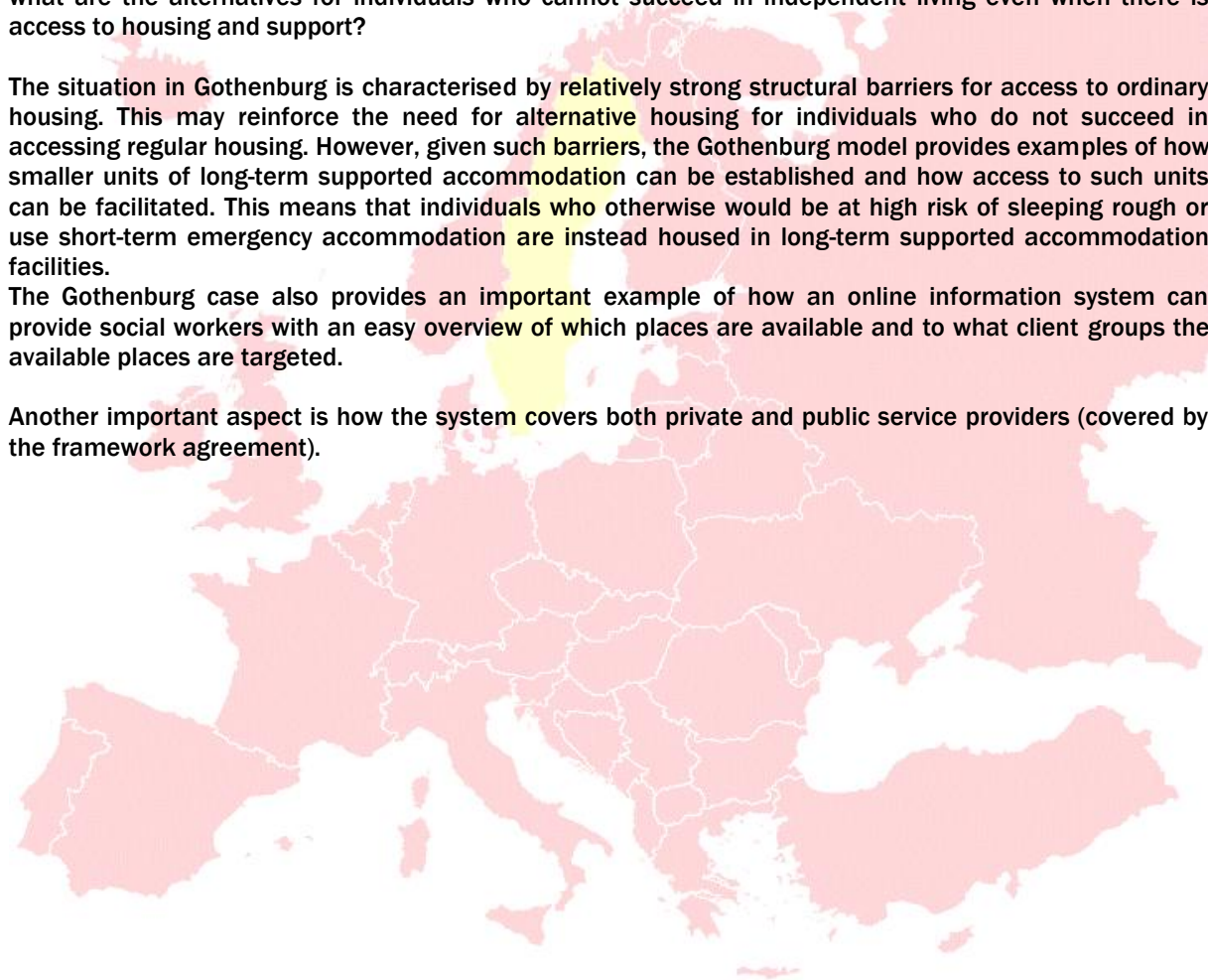
5. Challenges for the future

In the past decade a substantial increase in the availability of long-term supported housing has been achieved in Gothenburg. As mentioned, there are still considerable barriers for accessing regular housing for vulnerable groups. On a structural level such barriers are mainly a consequence of the deregulation of the housing market as landlords exercise control of which applicants are given tenancy and a formal allocation system with priority access does not exist.

An important question is whether there is a risk of an accumulation of people in need of supported housing as the access to the ordinary housing market remains difficult?

As the Housing First paradigm and evidence from randomized effect studies suggest, a substantial part of individuals with complex support needs will actually be able to live in independent housing as long as access to regular housing is provided *and* if they receive tailor-made individual support.

A fundamental question is to what extent increased housing opportunities in regular housing can be created for individuals who would be able to live independently given the availability of both housing and support. This consideration can be raised not only from the perspective of social inclusion of the individual but also to prevent that the supported housing system comes under a capacity pressure in the future. Furthermore, there is also a financial side to this as there are usually high costs involved in providing supported accommodation.

The housing side is only one side of the story. The other precondition for bringing people out of homelessness is the availability of social support. The frame of the Swedish welfare state already provides a relatively strong social support system. A way to improve chances for socially vulnerable individuals to live in independent housing is to further facilitate floating support services in their own housing to prevent evictions and to increase the chances of success for already homeless individuals if they are accommodated in regular housing. Thereby it may also be possible to improve the willingness of landlords to accept vulnerable individuals in regular housing.

Evidence and experience in the international literature show that a powerful form of individual support for individuals with complex support needs are ACT-teams – assertive community treatment teams – which gives specializ-sed floating support from a team of supporters with different specialist backgrounds. An ACT-team can consist of substance abuse specialists, psychiatrists, psychologists, social workers, job consultants, and peer support. The advantage of such teams is that individuals who, due to complex needs cannot benefit from existing support and treatment systems, can be given direct support – for instance in their own home and in their daily environment. For people with less complex needs, systematiszed methods of individual case management and critical time intervention have been shown to increase housing chances substantially (see Coldwell et al. 2007; Nelson et al. 2007).

6. Key questions for peer review

The focus of the peer review is to examine local approaches to tackling homelessness. The discussion could therefore focus on the following specific questions in relation to the situation in Gothenburg and in the peer cities:

1. What are experiences from other cities with creating permanent/long-term supported accommodation for individuals who for either structural or individual reasons cannot access the regular housing market?

2. What are the practical experiences from peer cities with the different approaches – the Housing First model, the staircase model, category housing etc.?

3. How are barriers of access to regular housing for vulnerable groups tackled in peer cities? What are the possibilities for access to regular housing?

4. What are experiences about creating a good home environment for residents in category housing units? How is the separation of different target groups approached? What are policies on alcohol/substance use – tolerance/sanctions?

5. What are experiences with developing floating support services for individuals independently housed? Do such support follow evidence-based methods such as ACT, ICM and CTI (see above) or are there experiences with other approaches?

6. Where are such support services anchored organisationally (municipalities, shelters, NGOs, psychiatric hospitals etc.) and what are experiences?

7. Are there experiences with the cost-effectiveness of the different methods/approaches/organisational models?

8. What are experiences with bringing both public and private housing providers together in the provision of supported housing?

9. Do integrated information systems for referral to housing/supported housing exist in other cities – what are the experiences?

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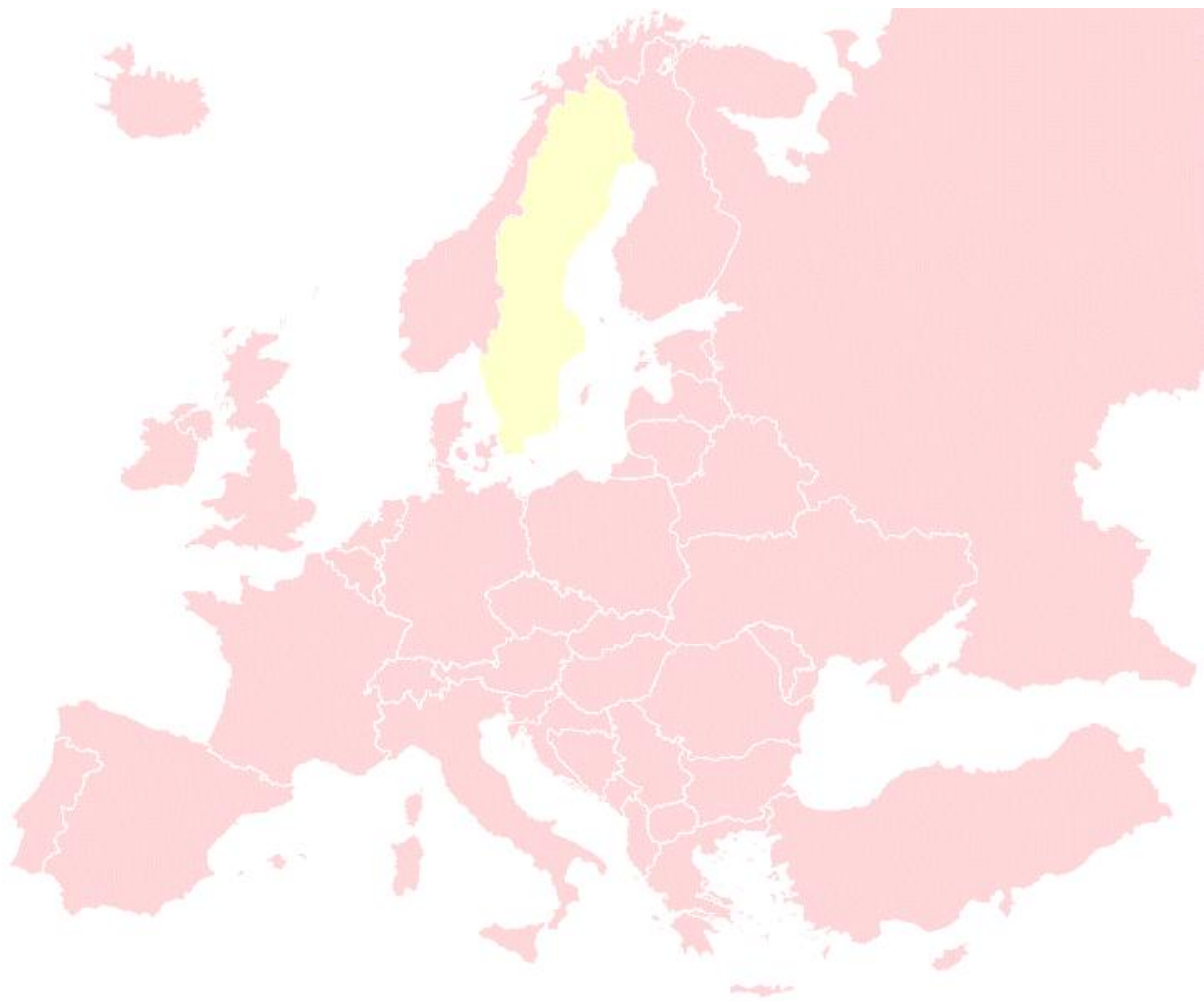
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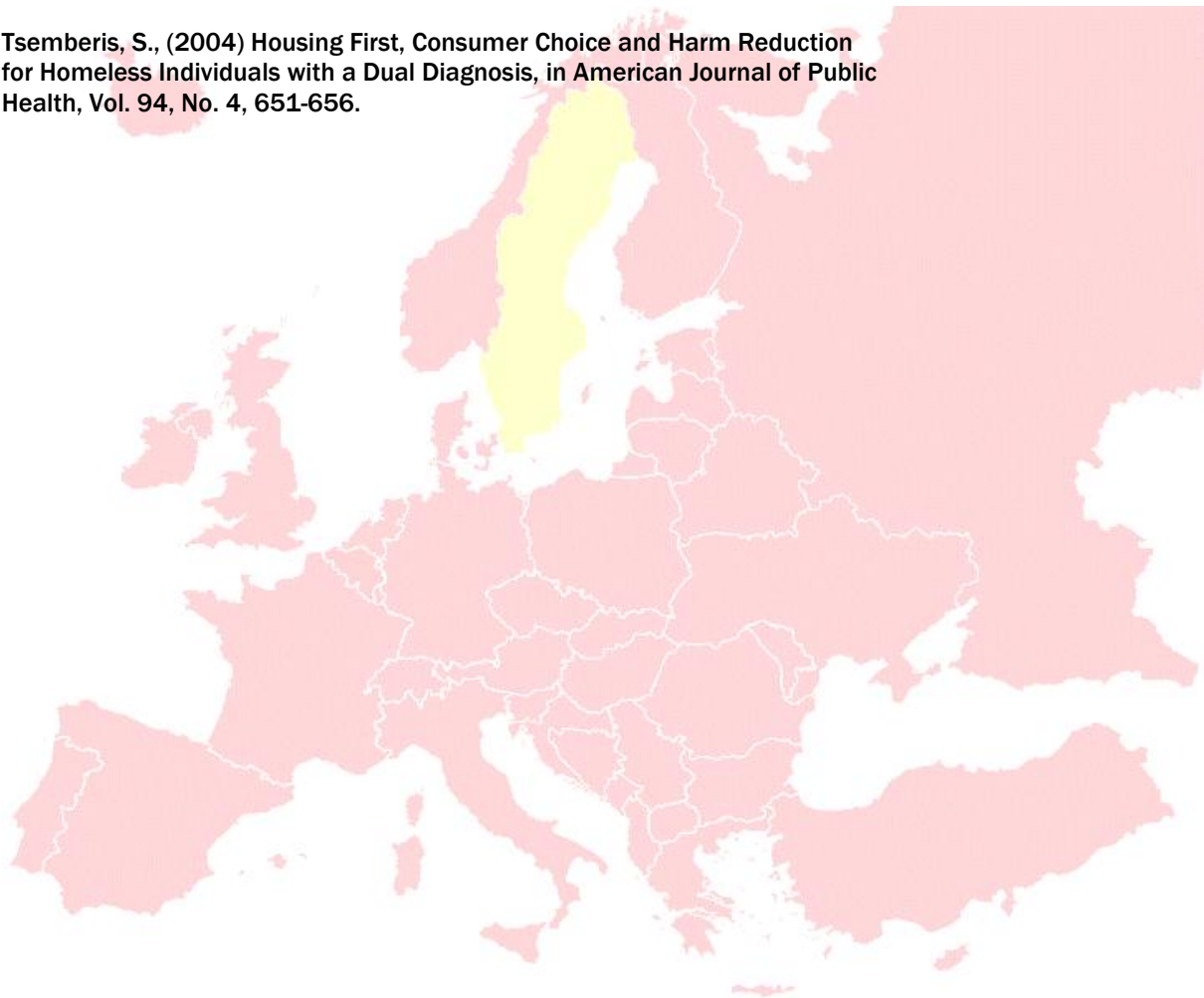
Annex: ETHOS – European Typology of Homelessness and housing exclusion

		Operational Category		Living Situation	Generic Definition
Conceptual Category	ROOFLESS	1	People Living Rough	1.1 Public space or external space	Living in the streets or public spaces, without a shelter that can be defined as living quarters
		2	People in emergency accommodation	2.1 Night shelter	People with no usual place of residence who make use of overnight shelter, low threshold shelter
	HOUSELESS	3	People in accommodation for the homeless	3.1 Homeless hostel	
				3.2 Temporary Accommodation	Where the period of stay is intended to be short term
				3.3 Transitional supported accommodation	
		4	People in Women's Shelter	4.1 Women's shelter accommodation	Women accommodated due to experience of domestic violence and where the period of stay is intended to be short term
		5	People in accommodation for immigrants	5.1 Temporary accommodation / reception centres	Immigrants in reception or short term accommodation due to their immigrant status
				5.2 Migrant workers accommodation	
		6	People due to be released from institutions	6.1 Penal institutions	No housing available prior to release
				6.2 Medical institutions (*)	Stay longer than needed due to lack of housing
				6.3 Children's institutions / homes	No housing identified (e.g by 18th birthday)
		7	People receiving longer-term support (due to homelessness)	7.1 Residential care for older homeless people	Long stay accommodation with care for formerly homeless people (normally more than one year)
				7.2 Supported accommodation for formerly homeless people	
	INSECURE	8	People living in insecure accommodation	8.1 Temporarily with family/friends	Living in conventional housing but not the usual or place of residence due to lack of housing
				8.2 No legal (sub)tenancy	Occupation of dwelling with no legal tenancy illegal occupation of a dwelling
				8.3 Illegal occupation of land	Occupation of land with no legal rights
		9	People living under threat of eviction	9.1 Legal orders enforced (rented)	Where orders for eviction are operative
				9.2 Re-possession orders (owned)	Where mortagee has legal order to re-possess
		10	People living under threat of violence	10.1 Police recorded incidents	Where police action is taken to ensure place of safety for victims of domestic violence
	INADEQUATE	11	People living in temporary / non-conventional structures	11.1 Mobile homes	Not intended as place of usual residence
				11.2 Non-conventional building	Makeshift shelter, shack or shanty
				11.3 Temporary structure	Semi-permanent structure hut or cabin
		12	People living in unfit housing	12.1 Occupied dwellings unfit for habitation	Defined as unfit for habitation by national legislation or building regulations
		13	People living in extreme overcrowding	13.1 Highest national norm of overcrowding	Defined as exceeding national density standard for floor-space or useable rooms

Note: Short stay is defined as normally less than one year; Long stay is defined as more than one year.
This definition is compatible with Census definitions as recommended by the UNECE/EUROSTAT report (2006)

(*) Includes drug rehabilitation institutions, psychiatric hospitals etc.

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